PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
2007-08 ANNUAL REPORT TO THE MINISTER OF HEALTH

AN ORGANIZATION FOCUSED ON:

- COMPASSION
- QUALITY, SAFE CARE
- REWARDING WORK LIFE
- HEALTHY COMMUNITIES
- INNOVATION

LETTER OF TRANSMITTAL

June 25, 2008

To: Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2007-08 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the fiscal year ended March 31, 2007.

The Authority is excited about the future, following the completion of the Region's new strategic plan in March 2008. Another exciting event was the inclusion of three representatives from the Region in the Philippines recruitment trip offering jobs to 31 nurses who are expected to arrive in the summer and fall of 2008. The Region is also proud of the expansion of the Primary Care teams to include two nurse practitioners in the Town of Shellbrook and one in the Town of Spiritwood, with all three doing outreach to other communities. These are only a few highlights from a very busy year for the Prince Albert Parkland Regional Health Authority.

Respectfully submitted,

Ray Ewanchuk,
Chairperson

Lifetime Achievement *- Mary Lou Martsinkiw, Infection Control Officer*

Volunteer *- Elvin Knutson, volunteer at Spiritwood and District Health Complex*

Peer Support *- Lynnda Berg, Vice-President of Primary Care*

The Prince Albert Parkland Regional Health Authority recognized the valuable contributions to the delivery of health-care services by 10 individuals and three teams at the annual ***Health Excellence Awards*** *in January 2008. Pictured are the award winners. The award categories include:*

Client Centred Approach: *Nominees in this category have demonstrated they understand and strive to meet or exceed the needs of the clients of the Prince Albert Parkland Health Region. They recognize their clients are people first and treat them with dignity, respect, and concern for their personal well being.*

Volunteers: *These hard working unpaid individuals give the Prince Albert Parkland Health Region staff and clients the gifts of their time and their talents. These gifts are offered because of an intrinsic internal motivation and the personal pride they take in a job well done. They are reliable, professional, courteous, and enthusiastic as they complete their assumed duties with dignity and integrity.*

Team Approach: *The team selected for this honour should display, and meet or exceed the following criteria: a willingness to learn and expand their knowledge base; evidence of innovative methods of client care within budget constraints; be an advocate for clients and liaise with volunteers, family, clients, and staff to successfully provide a seamless continuum of high quality, compassionate care; improve and promote excellent working conditions for staff; provide support to each other; and support our region's vision and mission through collaboration and teamwork.*

Quality of Work: *These nominees will have taken actions that impact on the quality, cost effectiveness, and/or the efficiency of their workplace. They are solution seekers who have set goals and objectives and worked diligently to achieve them in a professional manner.*

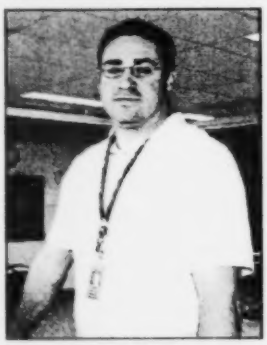
Workplace Safety: *This award is for an individual staff member who has demonstrated initiative, creativity and dedication, above and beyond the norm, in the promotion of occupational health and safety within the Region.*

Peer Support: *These are the people you can always count on – professionally and personally. They are advisors, role models, confidants, and friends. They are morale boosters who guide, encourage, and support their peers in striving for personal excellence by sharing best practices.*

Life Time Achievement: *These individuals have made an outstanding contribution in their field of employment and/or their community. This award is for the whole body of work of a particular person over their lifetime. Individuals will have demonstrated a lifetime, career-length performance record of multiple quality achievements.*

Team Approach *- Primary Health Care Team, Bernice Sayese Centre, Prince Albert. In the photo are: (from left) Margaret Archer, Wanda Atcheson, Marlene Allen and Pat Stuart*

Lifetime Achievement *- Dr. Jack Spencer, family physician, Shellbrook*



Workplace Safety *- Dean Gaudet, co-chair of the Victoria Hospital's Occupational Health and Safety Committee*

Quality of Work *- Yvettte McGown, recreation worker at Spiritwood and District Health Complex*

Client-Centred Approach *- Mary Wiegers, aboriginal social worker at Victoria Hospital*

Table of Contents

Letter of Transmittal 1

Who we are 5
- Organizational Chart
- Health Care Organizations and Third-Party Relationships

Governance and Transparency 9
- Community Advisory Networks

Our Region 11

2007-08 Results at Glance 19

2007-08 Performance Results 21

Future Outlook and Emerging Issues 29

Management Report 31

Auditor's Report

Financial Report for the year ended March 31, 2008

Appendices
- A – Performance Management Accountability Indicators
- B – Payee Disclosure List

The Prince Albert Parkland Regional Health Authority annual report is located on the Internet at:
www.paphr.sk.ca or http://www.health.gov.sk.ca/health-region-list

Who We Are

The Prince Albert Parkland Regional Health Authority provides a broad range of health-care services and programs to the more than 77,000 people who live within the Region. Prince Albert Parkland is also a referral centre for specialist services to much of northern and northeastern Saskatchewan.

The Health Region's 2,200-plus employees have daily contacts with people who are residents of our long-term care facilities, in our hospitals, seeing counselors, being visited by home care or meeting with public health nurses. There are visits with public health inspectors, information presentations by health promotion staff, therapy sessions, and a multitude of diagnostic tests performed.

Our Vision

"Health Living in Healthy Communities"

Our Mission

"People, Families and Communities Working Together Towards Improved health in the Prince Albert Parkland Health Region"

The Region has undergone a transition in the past year, changing the organizational structure and reconfiguring major portfolios of the Region's Senior Management Team. A new organizational structure was announced in October 2007.

A transition period has been necessary, partly due to the changes but also the need to fill vacancies for the Vice-President of Integrated Health Services and Vice-President of Human Resources. The Region's organizational chart can be found on Page 7.

The new organizational structure is one of the first steps the Region has taken following the recommendations of an Operational Review conducted by Deloitte and Touche. The operational review was presented to the Regional Health Authority board of directors in May 2007. A draft implementation plan has been submitted to the Ministry of Health. A key theme is improved regional management structures to help ensure better performance not only for financial results but most importantly to ensure safe, quality care for patients, residents and clients.

Prince Albert Parkland operates Victoria Hospital, one of the busiest regional acute care facilities in Saskatchewan, offering the broadest range of medical specialist services outside of Saskatoon and Regina. Those services include pediatrics, orthopedics, internal medicine, general surgery, ophthalmology, obstetrics and gynecology, dental surgery, urology, pathology, radiology, psychiatry and otolaryngology (ear, nose and throat) and podiatry.

Prince Albert Parkland also operates the Shellbrook Hospital, an 18-bed facility serving as the acute-care centre for much of the western portion of the Region. Physician recruitment challenges resulted in the temporary suspension of acute care services at the integrated facilities in both Spiritwood and Big River.

Both Big River and Spiritwood continue to be served by the long-term care and community-based programs that are located in those facilities. That includes a Nurse Practitioner in Spiritwood, with plans for another one based in Big River.

The Nurse Practitioners are not only part of the local health care team in those rural communities, but are part of a Primary Care team of Nurse Practitioners serving communities throughout the Region. They all play an important role in the Region's primary care strategy, attempting to ensure access to everyday health care needs.

Health Human Resource challenges exist in many programs and communities. It impacts both the ability to deliver quality service to the people in the Region, as well as the financial stability of the Region's operations. Many of the vacant positions have resulted in extensive use of overtime to ensure continuous coverage. That puts pressure on the Region's finances, as well as the quality of work life and morale of our employees.

Human resource challenges, often at the root of financial pressure, are only part of the story of

2007-08 for the Prince Albert Parkland Health Region. There are new programs and increased capacity in existing programs.

Mental Health and Addiction services were expanded, thanks to targeted funding from the provincial government. The Region recognizes that addictions are a significant problem for many of our residents. The Region looks forward to the opening of the Acute and Social Detox centre, as well as the planning of the family treatment centre at the Regional Health Centre site. Prince Albert Parkland is also working with the Prince Albert Grand Council and Ministry of Health toward the opening of a 15-bed youth treatment facility to be located north of the Regional Health Centre site. The partnership with the Prince Albert Grand Council is one example of working with other community organizations to reach common goals.

Our Values

- Compassion
- Quality, safe care
- Diversity
- Partnerships and collaboration
- Innovation
- Stewardship
- Effectiveness
- A safe work place where our employees, physicians and volunteers feel supported, encouraged and appreciated for the work they perform

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The largest single partner is Mont St. Joseph, an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care. The Region also has works with for contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake.

The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding.

The goal is to ensure the organizations and the Region are delivering necessary services to the people who need it in the most cost-effective method. A list on Page 8 outlines the Health Region's relationships and the programs delivered by those organizations.

In December 2007, the Regional Health Authority and Prince Albert Co-operative Health Centre board of directors signed a partnership agreement that will guide the relationship between the Region and the Co-operative Health Centre. An example of the partnership is the continuing methadone treatment program, as well as the expanded capacity for colonoscopies to be done at the Co-operative Health Centre.

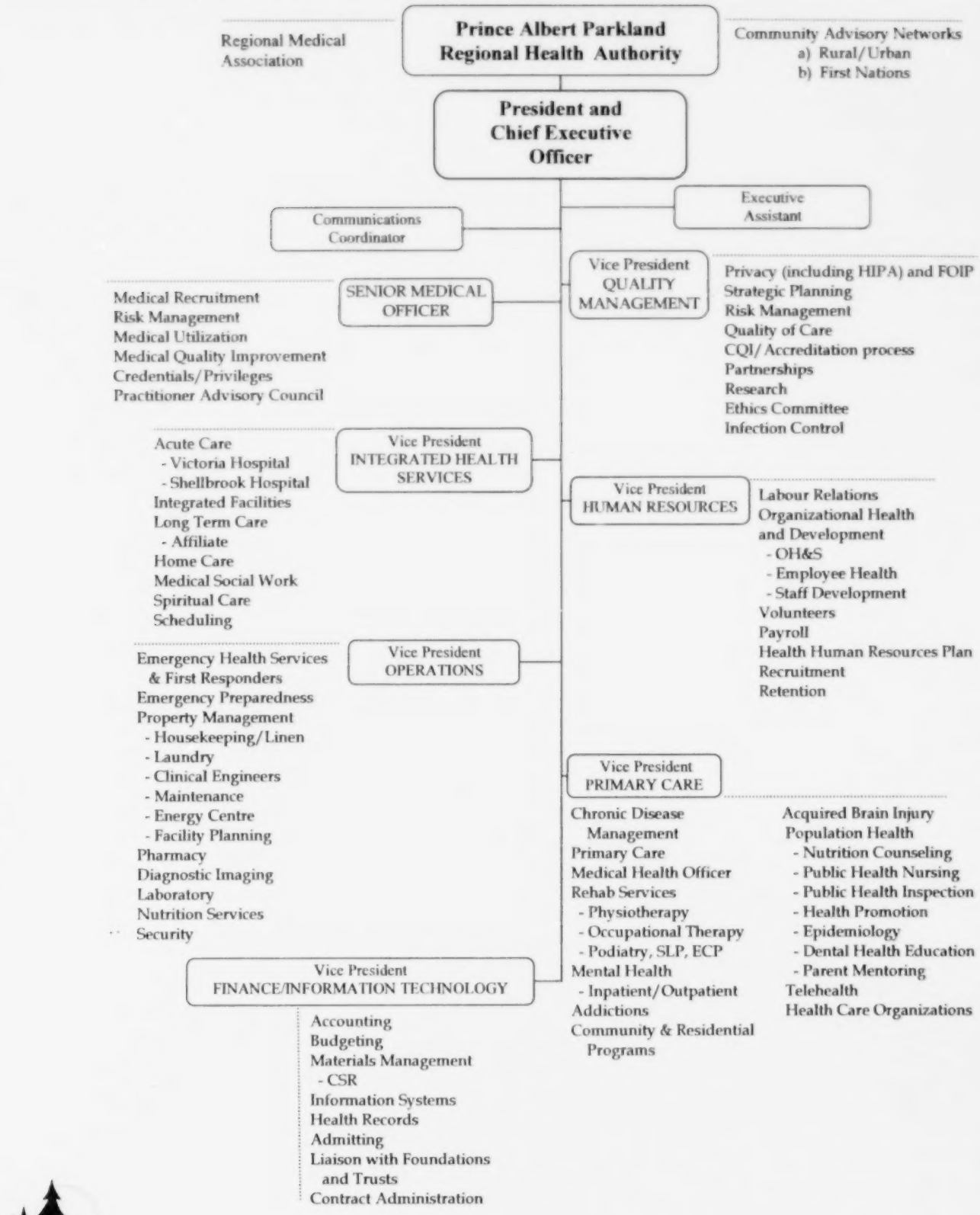
The Regional Health Authority had a survey conducted by the Canadian Council for Health Services Accreditation in June 2007. They reviewed materials prepared by the Region's 11 accreditation teams, interviewed each of the teams and also met with a patient and a stakeholders group. The survey team finalized its report in July, granting the Region a three-year accreditation but also requiring reports from the Region targeting some specific areas for improvement.

The first report, submitted in January 2008, focused on: Patient safety processes such as the reconciliation of medications; the communication of the region's infection control results to our staff and physicians; sufficient supply of adequately sterilized equipment; and information about the patient's role in safety.

The second report, with a deadline of July 31, 2008, will focus on: The completion of a comprehensive human resource plan, including recruitment and succession planning for management, staff and physicians; wait time review for the Region's therapy services; and assessment of the Region's medication management processes.

The accreditation process is an important quality improvement and monitoring initiative. It provides guidance to the Regional Health Authority and the Region's employees. The focus remains on ensuring quality, safe health-care services and programs.

ORGANIZATIONAL CHART



The Prince Albert Parkland Health Region's Acquired Brain Injury Education and Prevention program partnered with the Canadian Red Cross to deliver water safety programs aimed particularly at young people in northern Saskatchewan. Adelle Martiuk from the Red Cross speaks to a group of youth at Black Lake.

HEALTH CARE ORGANIZATIONS AND THIRD-PARTY RELATIONSHIPS

Self Help and Recreation Education (SHARE): vocational and pre-vocational opportunities for persons with mental illness in Prince Albert; a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.

Canadian Mental Health Association: assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients low-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills.

Family Futures: provides parent support for the geographic area of the former Prince Albert Health District. Workers provide counseling, referral and emotional support to high risk parents with preschool children.

Prince Albert Co-operative Health Centre: the Methadone Program for IV drug users; physician services at the Birch Hills Health Centre – one of the Region's Primary Care sites; the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert. Two PAPHR Nurse Practitioners provide service.

Prince Albert Grand Council: the Kookum Project which links an Aboriginal Elder with an IV drug user on the Methadone program.

Mobile Crisis Cooperative: provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients and a sexual assault program.

Mont St. Joseph Home: is a 120-bed affiliate Long-Term Care facility. Prince Albert Parkland provides funding, received from the Ministry of Health, to cover some of the operational costs.

Road ambulance services are contracted from **Parkland Ambulance Care** (Prince Albert), Blaine **Lake Ambulance Care, Spiritwood Ambulance Care** and **Big River Ambulance Care**. There are also agreements with WPD Battleford and Melfort Ambulance Care to provide service to parts of the Prince Albert Parkland that are in close proximity to their base.

GOVERNANCE & TRANSPARENCY

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of care to residents of the third-most populous Health Region in Saskatchewan. The Region also serves as a major referral centre for much of Northern Saskatchewan, in addition to other health regions for some specialized medical services.

The Authority is composed of 12 members (listed at left) appointed by the Minister of Health, and receives jurisdiction through the *Regional Health Services Act*, which was proclaimed on August 1, 2002.

BOARD OF DIRECTORS

CHAIRPERSON
RAY EWANCHUK,

VICE-CHAIRPERSON
HOWARD GANGE,

BOARD MEMBERS
IRENE ATTRUX
SHIRLEY BIGHEAD
JACK BOECHLER
DON CODE
LIONEL FERGUSON
DAVID KOESTER
PATRICIA LESON
PHIL MORIN
CECILE O'NEIL
LORRAINE SAAM

Prince Albert Parkland RHA is a policy governance board, and has its specific role defined by the "Roles and Expectations of the Minister of Health and Saskatchewan's Regional Authorities."

Health Regions have the responsibility for delivering the following services:

- Hospitals;
- Health centres, wellness centres, and social centres;
- Emergency response services, including first responders, and ambulance;
- Supportive Care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;
- Home care;
- Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- Mental health and Addictions services; and
- Rehabilitation services.

Administration and staff ensure the day-to-day delivery of those services and programs, while the Authority has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

For these six areas the Prince Albert Parkland Regional Health Authority is guided in its decision-making process by its own Mission, Vision and Values (see Pages 5 and 6).

The Authority has developed a committee structure to further those goals. Standing committees include the Committee of the Whole, Practitioner Liaison Council (formerly Joint Conference Committee), Rural/Urban Community Advisory Network and First Nations Community Advisory Network. The board also introduced a board finance/audit committee during the last fiscal year.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region (see list on Page 10). They provide feedback to the board about initiatives and strategic planning, and provide an opportunity to raise issues affecting health-care services.

The Authority holds meetings on a monthly basis, alternating between Prince Albert and other communities in the Region. The meetings are open to the public, and agenda materials are available on a subscription basis the day of the meetings.

The meeting materials include detailed monitoring of the Authority's policies, outlining how the Region is performing in terms of its goals. There are also presentations at most meetings by members of the Region's Quality Teams.

In addition to the public Authority meetings, the board strives to be open and accountable for its decisions. Following each regular meeting information regarding decisions and agenda items is included in a highlights package sent to media covering the region, as well as municipal (urban and rural) offices and First Nations communities.

The Region has a quarterly newsletter (Prince Albert Parkland News), to provide information

Ray Ewanchuk, right, chairperson of the Prince Albert Parkland Regional Health Authority, and Lorne Renouf, board member for the Prince Albert Co-operative Health Centre, sign a partnership agreement that will guide the relationship between the two organizations. The agreement was signed in December 2007.

directly to the public about the Health Region's activities and announcements.

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. That information can be found in Appendix B (in printed copies).

Prince Albert Parkland Health Region's 2007-08 Payee Disclosure List can also be accessed at http://www.health.gov.sk.ca/ph_rha_reporting.html.

Copies of the Payee Disclosure List may also be obtained by contacting Prince Albert Parkland Health Region at (306) 765-6400.

As well as working with the people of the Region, the Authority and senior executives are emphasizing a stronger relationship with staff in the Region.

Members of the Authority conduct direct reviews regarding treatment of staff and volunteers.

COMMUNITY ADVISORY NETWORKS

RURAL-URBAN

CHARMAINE BERGMAN, PRINCE ALBERT
KAREN ELLOITT, CHRISTOPHER LAKE
LYLE KARASIUK, PRINCE ALBERT
BRENT LAFLEUR, PADDOCKWOOD
JIM LAING, PRINCE ALBERT
STAN NOVICKI, HAFFORD
DOUG OLEKSYN, PRINCE ALBERT
RICHARD PORTER, SHELLBROOK
CAROL PRYZNYK, BIRCH HILLS
BRUCE REED, BIG RIVER (RESIGNED MARCH 2008)
EDWIN RUNDBRAATEN, BIRCH HILLS
ETTA SACKNEY, CANDLE LAKE
DIANA STACHNIAK, CHRISTOPHER LAKE
ALICE TATARYN, CHRISTOPHER LAKE
HARVEY WENDEL, SHELLBROOK
RAY EWANCHUK, PAPRHA
IRENE ATTRUX, PAPRHA
SHIRLEY BIGHEAD, PAPRHA

FIRST NATIONS

WAYNE AHENAKEW,
AHTAHKAKOOP CREE NATION
LORETTE DREAVER,
BIG RIVER FIRST NATION
PENNY BURNS,
JAMES SMITH CREE NATION
LYNDON TIESZEN,
MISTAWASIS FIRST NATION
ELIZA BIRD,
MONTREAL LAKE CREE NATION
CAROL LAFOND,
MUSKEG LAKE CREE NATION
ERNIE DREAVER,
MUSKODAY FIRST NATION
DAVID THOMAS,
PELICAN LAKE FIRST NATION
STEPHANIE BIRD,
WAHPETON DAKOTA NATION
DELORIS FINDEDAY,
WITCHEKAN LAKE FIRST NATION
RAY EWANCHUK,
PAPRHA
IRENE ATTRUX,
PAPRHA
SHIRLEY BIGHEAD,
PAPRHA

ABOUT OUR REGION

The Prince Albert Parkland Regional Health Authority covers a large geographic area in central Saskatchewan. More than 70 per cent of the Region's 77,346 residents live within 30 minutes driving time of the City of Prince Albert - the Region's largest community with a population over more than 40,000.

Table 1: Prince Albert Parkland communities with more than 1,000 population

Community	Population
City of Prince Albert	41,020
RM of Buckland	1,916
Big River First Nation	1,655
Shellbrook	1,604
Ahtahkakoop First Nation	1,415
James Smith Cree Nation	1,388
RM of Prince Albert	1,296
RM of Shellbrook	1,273
Birch Hills	1,209
Spiritwood	1,206
Sturgeon Lake First Nation	1,200
RM of Canwood	1,158
RM of Lakeland	1,071
Big River	1,063
RM of Spiritwood	1,031

Saskatchewan Ministry of Health, Covered Population, June 30, 2007

The rest of the population is spread throughout the Region, which spans from Big River in the northwest, to Kinistino in the southeast, and from Hafford in the southwest to Candle Lake in the northeast.

A significant portion of the Region, more than 30 per cent (Statistics Canada), identify themselves as Aboriginal - First Nations, Metis or Inuit. It is reflected in an examination of the Region's largest population centres outside of the City of Prince Albert. Other than the City of Prince Albert there are four communities, four First Nations reserves and six rural municipalities in the Region that have more than 1,000 population. (Table 1).

Except for the three northern health authorities, Prince Albert Parkland has Saskatchewan's highest percentage of Aboriginal population as a proportion of total population[1].

In January 2008, the *Report on the Health Status of Residents of the Prince Albert Parkland Regional Authority* was released. The report provides valuable information for health-care providers, our community partners and stakeholders. The Health Status Report will be valuable tool as the Prince Albert Parkland Regional Health Authority determines future priorities for programs and services.

The Health Status Report includes a wide variety of information that examines not only current health-care concerns, but also the physical and social environment that influences people's health. From education and employment rates, to discussions about healthy lifestyle choices, the Report provides a baseline for future measurement.

The report highlights a number of issues. More than half of the population of the region lives in Prince Albert, the "gateway to the North". It is a transition zone between the sparsely populated North of the province and the more populous South. As such the Health Region sees many of the issues common to transition zones.

The population is relatively young (Chart 1), relatively poor, relatively less educated, and very injury prone when compared to the rest of the province and country. It is ethnically, culturally, economically, and politically diverse. Almost a third of the Region's population is of Aboriginal ancestry[1]. There are a number of First Nation communities, each with its own governing bodies, and two First Nation Health Authorities providing health care within the boundaries of the Health Region. Althougth this diversity enriches the community, but it does present challenges in meeting the health care needs of its residents.

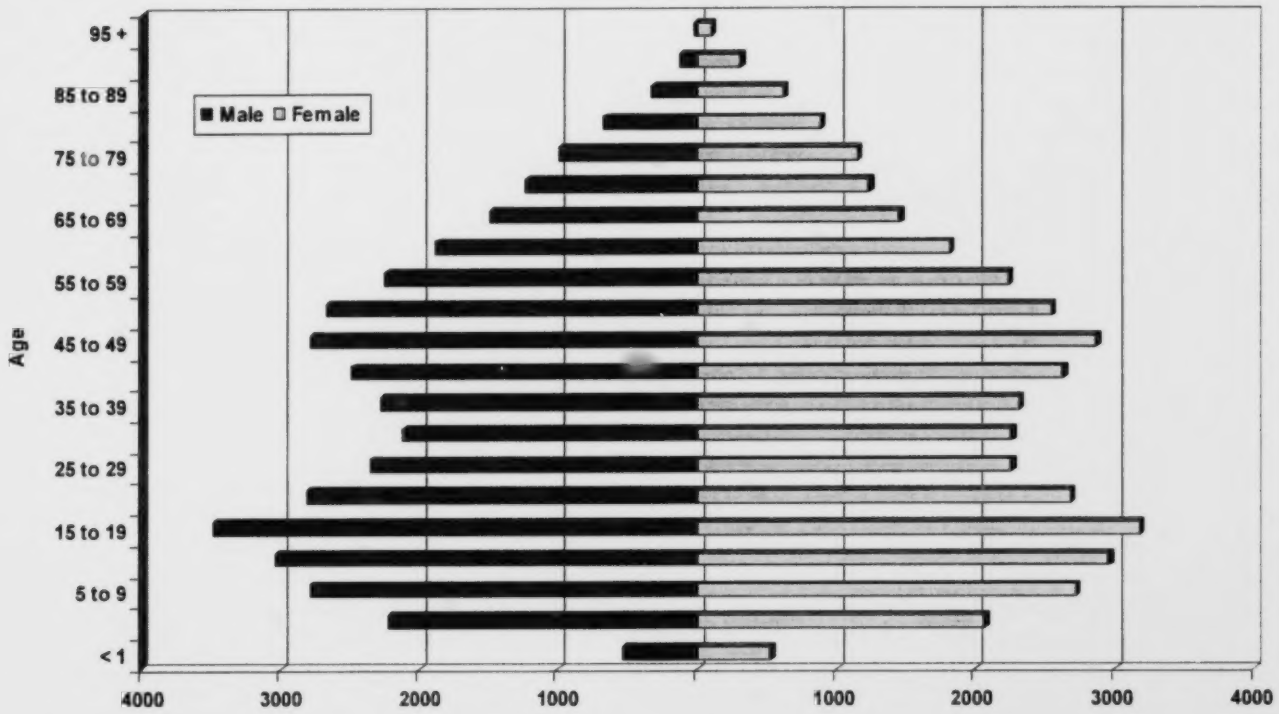
There are numerous areas of concern, which include:

- A high mortality rate among young people. The rate is at least 15% above the provincial average starting at one year of age and leveling off at age 65. That is cause for concern.

1- Statistics Canada. Aboriginal Identity.

Chart 1: PAPHR Population by age and sex

(Ministry of Health, Covered Population, June 30, 2007)



Injuries account for a great many of these deaths.

- Diabetes, another leading cause of death, continues to increase in this region. There is reason to believe that gestational diabetes may be more common than previously thought.
- Injury and diabetes represent two potentially preventable events that not only cause death, but considerable disability. The Disability Free Life Expectancy (DFLE) at birth is lower than the provincial average. When measured at age 65, our DFLE is the same as the provincial average.
- Cancer of the lung is the most common cause of cancer death for men and women in the Region, with rates higher than the province.
- The dental health of our young students appears to be deteriorating. Students who are socially and economically disadvantaged appear to have worse dental health

The Health Status Report represents a comprehensive summary of the health of Prince Albert Parkland Health Region residents. Health is much more than medical needs, and there are many non-medical factors that influence health that have a major impact on the health of the population.

At 77,346 people (Ministry of Health, Covered Population, June 30, 2007), the population of Prince Albert Parkland Health Region makes up 7.6% of Saskatchewan's population. This number has been relatively stable in recent years. PAPHR is more densely populated than the province, with 2.5 people per square kilometre. Saskatchewan has 1.7 people per square kilometre.

Much of the region's population is concentrated around Prince Albert—53% live within the City of Prince Albert and more than 70% live within 30 minutes driving time of the city.

The population of Prince Albert Parkland Health Region is younger (Chart 2) than that of the province, with higher percentages of children and young adults. In contrast, the Region has proportionately fewer elderly people. Population projections[1] for PAPHR suggest continued growth, due to the relatively young age structure of the population. Natural increase, due largely to higher birth rates, is larger for PAPHR than the province.

1—Statistics Canada. Data Tables and Maps. Deaths. Potential Years of Life Lost (PYLL). Data from Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (Population Estimates)., and Population projection template, from T. Schellenberg, Five Hills Health Region

PAPHR has a much higher Aboriginal population, 31.4% (2001), than Saskatchewan or Canada (13.6% and 3.4% respectively). In contrast, there is a very small immigrant population.

Chart 2: PAPHR vs Sask. by age grouping
(Covered Population, June 30, 2007)

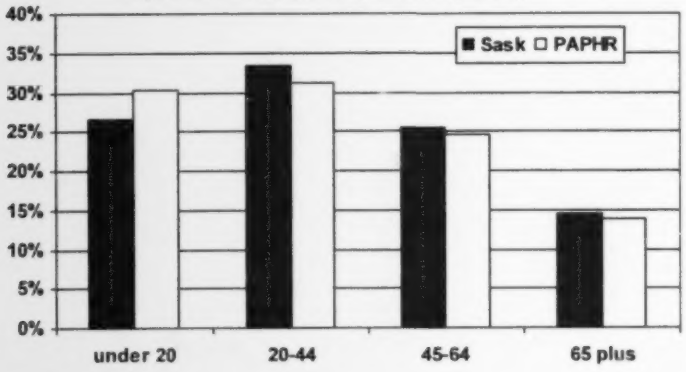
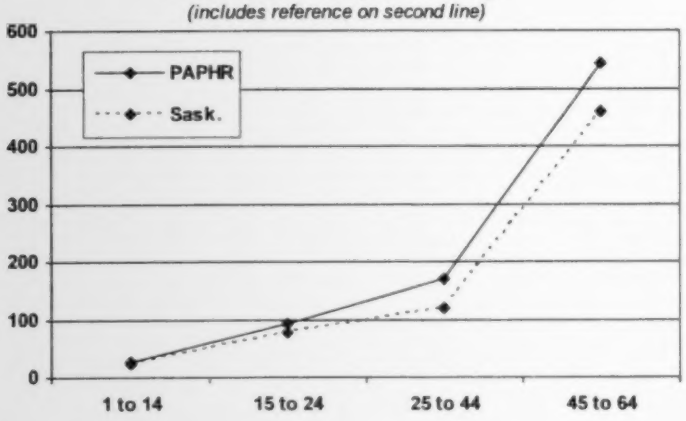


Chart 3: Mortality rate by age
(includes reference on second line)



Self-rated health information from the Canadian Community Health Survey provides insight into how PAPHR residents rate their own physical and mental health:

- 58% of PAPHR residents rate their health as "very good" or excellent".
- 43% of PAPHR residents report having high self esteem.
- 82% of PAPHR residents report "low" or "moderate" life stress, and
- almost 70% of PAPHR residents rate their own mental health as "very good" or "excellent".

However, health statistics from other sources present a less favourable picture:

- Although PAPHR residents appear to have a similar life expectancy to Saskatchewan residents, mortality rates (death rates) are higher for PAPHR residents overall[1]. This discrepancy in mortality rates is most apparent in the 25 to 44 year age group, at 42% above provincial rates. Males have higher death rates than females.
- The top causes of death in PAPHR[2], ranked by number of cases, are: 1) circulatory system disease, 2) cancer, 3) injury/poisonings/accidents, 4) respiratory disease, 5) endocrine/nutritional/metabolic (i.e. primarily Diabetes).
- Death rates from injury/accidents and endocrine (i.e. Diabetes) are much higher in PAPHR than SK; 35% and 46% higher respectively.
- Premature death is a problem in PAPHR, which has the second highest Potential Years of Life Lost (PYLL)[3] in the province. A large part of this premature death is due to accidental injury and self-inflicted injury/suicide, and these rates are higher than those of the province.
- Infant mortality rates[1] in PAPHR are similar to those of the province (just over 8 per 1,000 live births); however this calculation includes only live births. When accounting for stillbirths, two other indicators—perinatal mortality rate and stillbirth mortality rate—show a different pattern. This Region has higher perinatal mortality rates than the province, a rate that appears to be increasing. The same pattern is evident for stillbirths.
- Disability-free life expectancy (DFLE) numbers[4] suggest that PAPHR residents may become disabled sooner (i.e. live longer with disability) than most other health regions, and Saskatchewan residents as a whole. Approximately one-third of PAPHR residents are restricted by a chronic condition (physical or mental health related).
- Other than pregnancy and childbirth, the top

1—Saskatchewan Health. Health Information Solutions Centre. Vital statistics dataset, Mortality data.
2—Saskatchewan Health. Sharepoint Access. Vital Statistics. Leading Causes of Death (Age-adjusted).
3—Saskatchewan Health. Global Health Indicators for Saskatchewan Regional Health Authorities (2006).
4—Statistics Canada. Data Tables and Maps. Human Function. Disability-free Life Expectancy at Birth. Data from Canadian Vital Statistics and 1996 Census. Statistics Canada. Data Tables and Maps. Human Function. Disability-Free Life Expectancy at Age 65. Data from Canadian Vital Statistics and 1996 Census.

causes of hospitalization[1] for PAPHR residents are: digestive system disease, genitourinary disease, circulatory system disease, and respiratory disease.

Chart 4: Age standardized injury rates by gender 2001-2006[2]

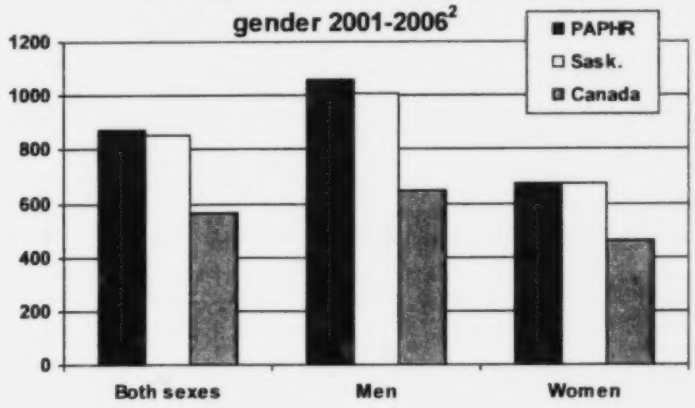


Table 2: Rates for Normal Weight, Overweight and Obesity, PAPHR, Saskatchewan and Canada[6]

	Normal (%) BMI=18.5-25	Overweight (%) BMI = 25-29	Obese (%) BMI = 30+
PAPHR	35.1	32.4	26.4
Saskatchewan	39.4	35.6	20.6
Canada	46.2	33.4	15.5

Injury is devastating to the Prince Albert Parkland Health Region (Chart 4). Saskatchewan has one of the highest injury rates in Canada (falling behind the North West Territories, Yukon and Nunavut), and the injury hospitalization rate for PAPHR is similar to that for the province. Males make up 61% of injury hospitalizations. The Region has a proportionately higher number of injury hospitalizations in younger age groups, with largest differences found for children under 14 years and adults 25 to 44 years. There is limited information about specific types of injury in PAPHR, but the leading cause of injury hospitalizations in Canada are: falls (57% of cases), motor vehicle collisions (14%), being struck by objects or colliding with another person (5%), and assault (4%).

The high injury rate may be part of the differences found when examining life expectancy. For PAPHR residents, life expectancy at birth[3] is 78.5 years while the provincial life expectancy is 79 years. At age 65[3], PAPHR residents' life expectancy is higher than the provincial number – 19.8 years in Prince Albert Parkland vs. 19 years for Saskatchewan.

Leading chronic conditions in PAPHR[4] include circulatory system disease, cancer, respiratory disease, obesity, diabetes, arthritis/rheumatism, and mental health issues.

Circulatory system disease[5] is the leading cause of death in PAPHR and a leading cause of hospitalization. Ischemic heart disease (angina/heart attack, coronary thrombosis) is the leading cause of hospitalization in this category.

Cancer is the second most common cause of death in PAPHR[6]. The most common type of cancers are prostate cancer for men (31% of new cases), and breast cancer for women (29% of new cases). The most deadly type of cancer for men and women in PAPHR is lung cancer, with death rates that are higher than the provincial average.

The epidemic of obesity[7] is problematic in PAPHR. One in four residents (Table 2) are "obese", a rate that appears higher than national and provincial rates.

Diabetes rates[8] continue to climb in PAPHR, at a rate that is higher than that of the province (62.4 per 1,000 population vs. 57.3 for Saskatchewan). Consequently, the health burden of many diabetes-related conditions, such as heart attack, amputations, hospital admissions for hypo/hyperglycemia, is also higher. Although local data is not available, it is suspected that Gestational Diabetes (GDM)[9] is also a key issue within this region. The higher rate of diabetes rate in PAPHR, higher occurrence of large babies and significant Aboriginal population (more susceptible to GDM), suggest that this may be the case.

1—Health Quality Council. Core Health Status Indicators for Regional Health Authorities. All-Cause Hospitalization Rate. Data from: Saskatchewan Health Discharge Abstract Database.
2—Canadian Institute for Health Information. CIHI Health Indicator Reports. Injury Hospitalization. Data from National Trauma Registry. Available at: http://secure.cihi.ca/hireports/search.jspa
3—Statistics Canada. 2001 Community Profiles. All Data. Data from 2001 Census of Population.
4—Statistics Canada. Data Tables and Maps. Health Status. Data from CCHS 3.1, 2005.
5—Saskatchewan Health. Health Information Solutions Centre. Hospital Discharges by Primary Diagnosis data set.
6—Saskatchewan Cancer Agency. Incidence Counts by RHA 2001-2005.
7—Statistics Canada. Data Tables and Maps. Health Status. Health Conditions. Adult Body Mass Index. Data from CCHS 2005.
8—Saskatchewan Health. National Diabetes Surveillance System Incidence and Prevalence data for Saskatchewan RHAs.
9— Houlden R. Commentary Gestational Diabetes Mellitus: An Increasing Problem. Canadian Journal of Diabetes, 2004; 28: 196-200.

Prince Albert Parkland and Saskatchewan rates of arthritis/rheumatism[1] appear to be higher than national rates, and females appear to be more susceptible.

Medicine and health care have a minimal role in affecting health. There is a growing awareness that other factors, determinants of health, play a stronger role in influencing the health of a population.

Table 3: Average earnings (all persons with earnings), PAPHR & Saskatchewan, 2001[2]

	PAPHR		Saskatchewan	
	General population	Aboriginal identity	General population	Aboriginal identity
Both sexes	$24,336	$19,503	$25,691	$18,693
Males	$28,637	$22,303	$30,608	$21,123
Females	$19,461	$16,555	$20,185	$16,125

**The general population includes those of Aboriginal identity.*

The average earnings[2] of Prince Albert Parkland residents were $24,336 in 2001 (Table 3). This falls slightly below the provincial average. The average earnings of females in PAPHR were 32% lower than males. The earnings of Aboriginal people are 20% lower than the general population in PAPHR.

Fifteen percent of the Region's residents have an income below the low-income cut-off[3], meaning that they may be living in an impoverished state. One quarter of children in PAPHR live in low-income families. Both of these numbers are higher than provincial numbers.

Food security[4] is a major issue in our region. Provincially, one in 10 households have inadequate access to food; this problem is even more pronounced in Aboriginal people where one in three households (and 40% of households with children) are food insecure.

Since many individuals are financially disadvantaged and the Region has a large Aboriginal population in PAPHR, it can be presumed that the food security status of the population is bleaker than the provincial situation.

Support from families, friends and communities is associated with better physical and mental health[4]. This support may help people solve problems, deal with adversity, and enable them to maintain a sense of control over their life[5].

CCHS (2005) collected information about an individual's sense of community belonging for individuals aged 12 and over. The majority of PAPHR residents (almost 75%)[5] report a strong sense of community belonging. Approximately one in four PAPHR residents report a weak sense of community belonging. Little difference was found between PAPHR and Saskatchewan residents or between genders. Provincial and national data suggests that sense of community belonging may increase with age.

Education is a widely used indicator of socioeconomic status, and health status improves with level of education[5]. Education enhances health and prosperity by providing knowledge and skills for problem solving, and helping to provide a sense of control over life circumstances[6].

Those with low literacy are more likely to be poor and unemployed, suffer from worse health, and die earlier than other Canadians[7]. Those with higher levels of education have better access to healthy environments, are better able to prepare their children for school, and tend to make healthier choices (e.g. physical activity, nutrition and smoking)[5].

High school drop-outs are more likely to live in lone parent or "mixed" (other than "nuclear") family situations, are less likely to have a parent with a high school or post-secondary education, are more likely to have worked at a job for more than 30 hours a week in their last year of high school, and are more likely to have children or be a single parent[8]. Unfortunately, children of these individuals will also be less likely to finish high school.

1—Statistics Canada. Data Tables and Maps. Health Status. Arthritis or rheumatism. Data from CCHS 2005.
2—Statistics Canada. 2001 Community Profiles. All Data. Data from 2001 Census of Population.
3—Statistics Canada. Low Income Rate (2000 Income) by Household Status. Data from 2001 Census.
4—Health Canada. CCHS Cycle 2.2, Nutrition (2004). Income-Related Household Food Security in Canada.
5—Statistics Canada. Data Tables and Maps. Non-medical determinants of health. Sense of community belonging. Data from CCHS 3.1 (2005).
6—Public Health Agency of Canada. Population Health. What Determines Health?
6—Public Health Agency of Canada. Toward a Healthy Future – Second Report on the Health of Canadians. Chapter 2: The Socioeconomic Environment.
8—Public Health Agency of Canada. Population Health. Education as a determinant of health.

Compared with Saskatchewan, a higher proportion of PAPHR residents have not finished high school, almost one in three residents (Table 4).

A much higher proportion of Aboriginal people have not finished high school (Table 4). The proportions of those who have completed post secondary schooling are similar for PAPHR and the province. A much lower percentage of Aboriginal people have any post secondary qualifications.

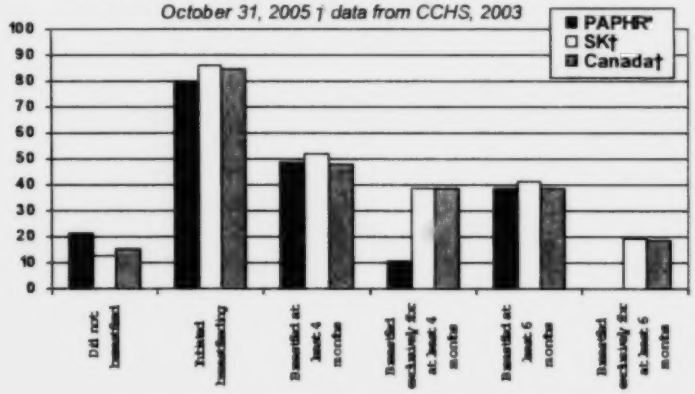
Table 4: Highest level of schooling for general population and aboriginal sub-group, PAPHR & SK, 2001[1]

	General population*		Aboriginal population†	
	PAPHR	Sask.	PAPHR	Sask.
Less than grade 12	31.5	27.6	44.0	45.0
Post secondary graduate (certificate/diploma/degree)	49.6	51.6	35.3	34.0

** - Data from Statistics Canada 2001Census, ages 20 to 29 for "less than grade 12", ages 25 to 54 for "post secondary graduate.*
† - Data from Statistics Canada, 2001 Census Aboriginal Population Profiles for aboriginal identity 25 years and older

Chart 5: Breastfeeding rates

** data derived from PAPHR Breastfeeding survey, July1, 2004 to October 31, 2005 † data from CCHS, 2003*



Housing affordability is a measure that counts households that spend 30% or more of total household income on shelter expenses such as utilities, mortgage payments, property taxes, or rent. Households are considered to have affordability problems if more than 30% of household income is spent on housing costs, since in these cases it is likely that inadequate funds will be available for other necessities (food, clothing, and transportation). Housing affordability is more problematic for renters than owners.

Housing affordability patterns appear similar for PAPHR[2] and the province. More than one in three rental households, and more than one in 10 home ownership households spend an excessive amount of their household income on housing expenses.

The family structure of PAPHR differs somewhat from provincial numbers. The Region has a higher percentage of lone parent families, particularly female lone-parent families—15% in PAPHR versus 12.9% for Saskatchewan[3]. Prince Albert Parkland has a similar proportion of couple families with children, and fewer single person households.

The health choices that an individual makes, and adequacy of coping skills, have dramatic effects on health.

Almost 60% of PAPHR residents[4] are eating fruit and vegetables less than five times per day, and may not be meeting the minimum required number of servings for good health. Financial constraints may be a challenge for some people. Approximately 30% of PAPHR residents eat fruit and vegetables 5 to 10 times a day or more. Overall, PAPHR residents appear to eat fruits and vegetables less frequently than Saskatchewan and Canadian residents. Females appear to eat fruits and vegetables more frequently than males. Financial constraints may limit the purchase of fruits and vegetables for some PAPHR residents.

Exclusive breastfeeding (Chart 5) is the optimal method of feeding an infant for the first 6 months of life. Although the number of women who initiate breastfeeding in PAPHR is only slightly lower than that for Saskatchewan and Canada, the numbers of women who continue to exclusively breastfeed their infant at four months of age are dismally lower (72% lower than Saskatchewan rates).

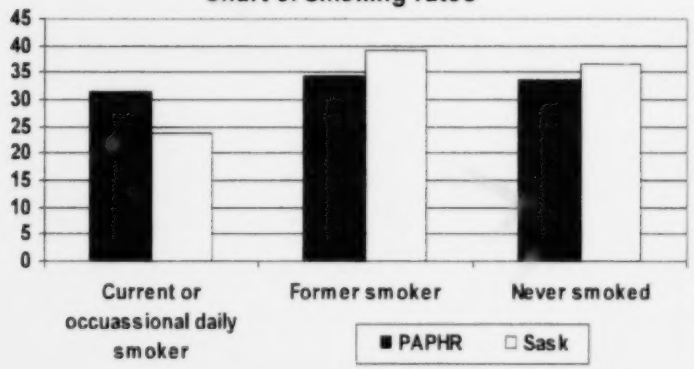
Teenage pregnancy information is another

1—Statistics Canada. 2001 Community Profiles. All Data. Data from 2001 Census of Population. And Statistics Canada. Low Income Rate (2000 Income) by Household Status. Data from 2001 Census.
2—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Housing Affordablility. Data from Statistics Canada 2001 Census.
3—Statistics Canada. Data Tables and Maps. Community and health system characteristics. Lone-parent families. Data from: Statistics Canada 2001 Census.
4—Statistics Canada. Health Indicators. Data Tables and Profiles. Health Behaviours. Dietary Practices. Data from CCHS 2003.

Table 5: Age of smoking initiation, PAPHR, SK & Canada, CCHS 2005[4]

	5 to 14 years			15 to 19 years			20 years or older		
	PAPHR	SK	Canada	PAPHR	SK	Canada	PAPHR	SK	Canada
Both genders	43.5	38.6	36.6	44.4	48	47.7	8.3	10.9	13.5
Males	47.8	40.6	38.7	40.8	46.3	46.9	8.0	10.7	12.1
Females	39.0	36.3	34.2	48.2	49.9	48.6	8.6	11.2	15.0

Chart 6: Smoking rates[3]



important component of community health assessment. "Teenage pregnancy" includes live births, still births and abortion for females aged 15 to 19 years, and is expressed as a ratio per 1,000 population (of females in this age group). Teenage pregnancy rates are higher for PAPHR than the province[1]. Although rates for 2001 to 2005 were lower than the previous five-year period for both PAPHR and Saskatchewan, PAPHR rates were 42% higher than provincial rates during the latter of these two periods. This is a significant health concern as pregnant teens and babies born to teens are at higher risk for health complications.

Table 6: Prevalence of self-reported alcohol use, PAPHR & SK, 2005[6]

Frequency	Gender	PAPHR	SK
Never 5 or more drinks on one occasion	Both sexes	46.9	44.7
	Females	63.9	57.2
	Males	30.6	33.2
5 or more drinks on one occasion, less than 12 times a year	Both sexes	26.1	28.6
	Females	20.8	26.5
	Males	31.2	30.5
5 or more drinks on one occasion, 12 or more times per year	Both sexes	24.6	24.9
	Females	12.7	14.6
	Males	36	34.5

The health benefits of physical activity are indisputable, yet half of the Region' residents are physically inactive. Unfortunately we now have an "epidemic of inactivity". Two thirds of Canadians are not physically active enough to receive any health benefits, and less than one-half of our young people are active enough for healthy growth and development[2]. In population health we know there are many factors and barriers that affect the physical activity levels in our community such as income, accessibility and support.

PAPHR residents appear to have similar activity levels to Saskatchewan and Canadian residents. In Prince Albert Parkland, 48 per cent of residents report being physically active or moderately active, vs. 49.2 per cent for Saskatchewan and 51 per cent for Canada.

Smoking rates[3] in Saskatchewan are the highest in Canada (one in four people), and the rate in PAPHR is even higher at 31.5% of the population. It also appears that PAPHR residents start to smoke at an even younger age than elsewhere (Table 5).

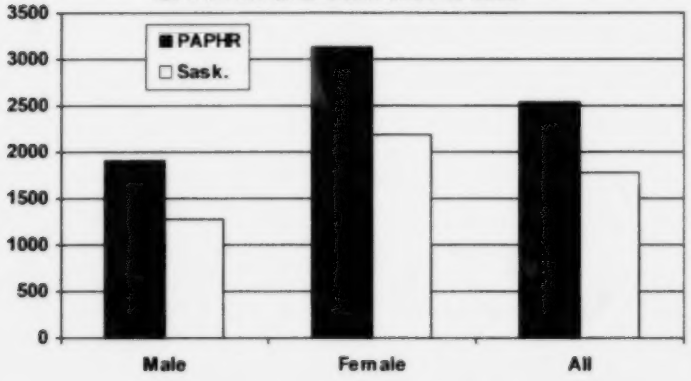
Although many Canadians drink alcohol in moderation and without causing harm, alcohol misuse and abuse is also a problem. It is estimated that 4 to 5 million Canadians engage in high risk drinking, which is linked to motor vehicle accidents, Fetal Alcohol Spectrum Disorder, family problems, crime, violence and numerous health issues[5].

PAPHR residents appear to have similar alcohol use patterns to those of Saskatchewan residents as a whole (Table 6). It is alarming that approximately two thirds of men in PAPHR engage in some degree of binge drinking (5 or more drinks on one occasion), compared to 32% of women.

1—Saskatchewan Health. Health Service Utilization Reports. Vital Statistics. Teen Pregnancies.
2—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Leisure-Time Physical Activity. Data from CCHS 2005.
3—Health Canada. Healthy Living. Canadian Tobacco Use Monitoring Survey.
4—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Smoking Initiation.
5—Health Canada. Healthy Living. Alcohol.
6—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Frequency of Drinking. Data from CCHS 2005.

The health implications of lifestyle choices are very apparent in the Prince Albert Parkland Health Region. Too much of the population is obese, not just overweight. These lifestyle issues (poor food choices, lack of activity) affect the burden of many health conditions including diabetes, heart disease and stroke. Although tobacco abuse has decreased nationwide to about 19%, it remains around 30% in Prince Albert Parkland. Cancer of the lung is the most common cause of cancer death in the Region. These are imminently preventable deaths, and yet a large segment of our population continues to smoke.

Chart 7: Genital chlamydia rates (per 1,000 pop.) for PAPHR and Sask. 2001 to 2005[1]



High-risk behaviour is also evident in the rate of sexually transmitted diseases[1]. The rates for Chlamydia, gonorrhea are higher than provincial rates. The number of new HIV cases in PAPHR appears to be increasing dramatically. Hepatitis B and Hepatitis C are commonly transmitted through intravenous drug use. Hepatitis B has similar rates of occurrence to the province. Hepatitis C appears to have higher rates of occurrence than the province. Youth and young adults, particularly intravenous drug users and sex-trade workers, are impacted by these diseases.

In addition to the lifestyle choices and high-risk behaviours that can lead to poor health, there are several areas where preventative actions could improve health for residents of the Prince Albert Parkland Health Region.

Dental health screening in PAPHR[2] suggests that the oral health of young students is deteriorating. Only 46% of kindergarten students and 36% of Grade 1 students were cavity free, and 29% of Kindergarten students and 36% of Grade 1 students were found to require dental care on an "urgent" or "as soon as possible" basis. In particular, students in community schools had worse overall dental health.

There is room for improvement in the Region's immunization rates[3]. Although immunization rates for children under two years of age and seniors (influenza) appear to be increasing, the Region remains somewhat lower than provincial rates and well below national target rates. The influenza immunization coverage rates for PAPHR staff remain well below target.

Effective public health screening measures include mammography and pap smear, but the rates for PAPHR remain well below provincial rates in both cases[4, 5].

Resources available to provide health care and increasing demand for those resources – as well as geographic and demographic factors – have also impacted the ability to provide health care to our residents. The Region's childhood immunization rates have been low but showing slight improvement. The ability to monitor the safety of food, water and housing has improved. Resources are now available to provide health and nutrition education in schools.

There are several important areas that the Region must address; however, it is not only the health care system that can impact people's health.

The Region does have some troubling social indicators of health, particularly in areas of high-risk behaviours that lead to disability and death among the Region's young population.

The Region will continue to work with urban and rural municipalities, First Nations, community organizations, school divisions and post-secondary educational institutions, to help build community and individual capacity to improve the health status of the people of this Region.

1—Saskatchewan Health. Population Health Branch. Communicable Disease Control Unit, Communicable Disease dataset.
2—Prince Albert Parkland Health Region Dental Health Screening Program 2003-4. Available from Dental Health Coordinator, PAPHR Public Health.
3—Saskatchewan Health. Population Health Branch. Saskatchewan Immunization Management System database.
4—Statistics Canada Data Tables and Maps. Screening Mammography. Data source was Canadian Community Health Survey Cycle 3.1 (2005).
5—Saskatchewan Cancer Agency. Screening. Prevention Program for Cervical Cancer.

2007-08 Results at Glance

The 2007-08 Results at a Glance briefly highlights the significant events and accomplishments of the Prince Albert Parkland Regional Health Authority.

It includes performance, strategic, operational, and financial achievements that pertain to goals and the financial summary. There were also challenges in obtaining some goals and desired results. Below is a summary of the important highlights, these are discussed further in the section that follows.

Goal 1 - Improved Access to Quality Health Services

The number of births at Victoria Hospital has increased again, to 1,503 in 2007-08, from 1,364 in 2006-07.

The number of computerized tomography patients and exams increased by about 50 per cent.

Goal 2 - Effective Health Promotion and Disease Prevention

Prince Albert Parkland Health Region released its first Health Status Report in January 2008. The comprehensive report examined health indicators and determinants of health for the residents of the Region.

The Health Region launched Living Well with Chronic Disease sessions to help people improve their ability to manage their own chronic illness.

Goal 3 - Retain, Recruit and Train Health Providers

The Region offered positions to 31 nurses from the Philippines as part of a provincial recruitment initiative.

Currently, the region has 56 signed Work Placement Agreements with 34 training institutions.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health System.

The Region received Accreditation with Reports in July 2008 from the Canadian Council on Health Services Accreditation.

The Region completed its new strategic plan in March 2008.

Financial Summary

Prince Albert Parkland had a year-end operating deficit of almost $3.8 million.

The Region received approval to move forward with an Energy Performance Contract initiative with SaskPower and Honeywell.

Jan Letkeman, the Education and Prevention Coordinator for the Acquired Brain Injury Program, talks with two young people who stopped at a display about bicycle safety during the Downtown Street Fair in Prince Albert in June 2007.

Residents from the three Special Care Homes in Prince Albert – Pineview Terrace Lodge, Mont St. Joseph and Herb Bassett Home – were treated to a barbecue at the Cosmo Lodge to wrap up Special Care Home Week in September 2007. The week included a variety of activities to celebrate the residents, staff and volunteers at the Region's 12 Special Care Homes.

Joanne Thiessen, at left, Executive Director of the Co-operative Health Centre, and Prince Albert surgeon Dr. Edmund Royeppen, show off one of the new colonoscopes recently purchased by the Co-operative Health Centre. The Co-operative Health Centre purchased two colonoscopes and other operational equipment and did the necessary renovations to begin this program in partnership with the Prince Albert Parkland Health Region.

2007-08 PERFORMANCE RESULTS

The following section outlines how the Prince Albert Parkland Health Region is performing in regards to the four major goals of the Ministry of Health, as well as a financial summary.

There are key indicators that the Region will report on for each goal. This section is to demonstrate accountability and progress to towards achieving those goals.

Table 7: Comparison of CT and surgical cases

		2005-06	2006-07	2007-08
Number of patients as a percentage of agreed on target for computed tomography (CT) services		132.1%	102.2%	155.6%
Percentage of surgical cases completed within target time frames	Priority Level I	68.6%	72.4%	77.5%
	Priority Level II	75.8%	74.0%	72.4%
	Priority Level III	73.3%	80.4%	93.1%
	Priority Level IV	96.8%	98.2%	98.8%
Number and percentage of surgical cases on wait list that have already waited more than:	6 months	n/a	n/a	166 18.0%
	12 months	n/a	35 4.4%	27 2.9%
	18 months	n/a	-[1]	-[1]
Cumulative number of surgical cases performed as a percentage of target and variance from target		101.7% +82	93.7% -304	92.2% -374

Ministry of Health, Performance Management Accountability Indicators, for 2007-08 data see Appendix A
1– Value suppressed due to size of sample.

Goal 1—Improved Access to Quality Health Services

The Prince Albert Parkland Health Region faced a number of challenges that had an impact on access to quality health care services for the people the Region serves. The major challenge remains health human resources, including physicians, registered nurses, registered psychiatric nurses, therapists, among many of the hard-to-recruit professionals. Despite these challenges, the Region did have several successes related to access to care.

Level 6 at the Victoria Hospital has increased its bed capacity to its maximum volume of 29 beds. The expectation was a reduction in pressure on the bed availability in the Victoria Hospital; however, external pressures affected this result. Saskatoon Health Region gave notice that they would provide 24 hours notice of discharges for PAPHR residents. This strategy has created subsequent pressure on the Region's hospitals.

Repatriation agreements now find the Victoria and Shellbrook Hospitals in a position of accepting patients regardless of bed availability, and the facilities have often been at overcapacity. This has resulted in providing patient care in hallways and lounge areas, which are not equipped with necessary call bells and accessible washrooms.

For the first three months of 2008 the Victoria Hospital saw an average daily census at or exceeding 100% capacity (capacity is normally 122 beds). General admission numbers are on the rise, increasing to 1,647 in January to March 2008 from 1,457 in January to March 2007.

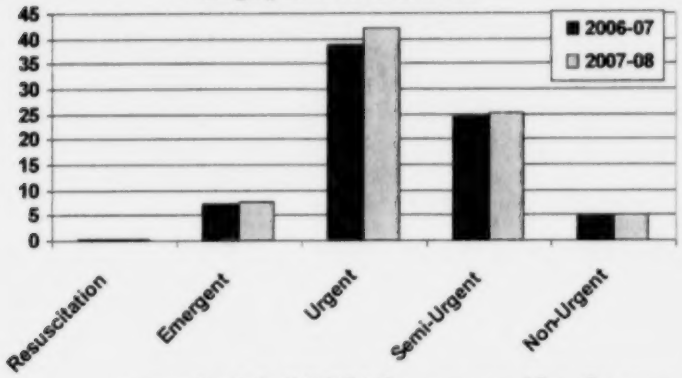
Rural areas in the western portion of the region continued to struggle with lack of physician resources resulting in the ongoing suspension of acute care facilities in Big River and Spiritwood.

This has been a likely cause of some of the increased pressure at both the Victoria Hospital and Shellbrook Hospital. Emergency room visits have increased at both of these locations. At Shellbrook Hospital, the number of emergency room visits has increased by 15 per cent from the previous year.

At the Victoria Hospital, the emergency room visits have increased by 6.54 per cent over the previous year. While there are still some non-urgent cases, which could most likely have other options for care, attending the Victoria Hospital ER, the increase in service volumes is coming mainly in the urgent category (Canadian Triage Acuity Scale). That category has increased by 8.5 per cent from the previous year—which means an additional 1,252 clients throughout the year (Chart 8). The public has been encouraged to seek care for non-urgent cases in a more appropriate setting, such as walk-in clinics or primary care sites.

Service volumes are increasing in most areas at the Victoria Hospital. The number of births has increased again, to 1,503 in 2007-08, from 1,364 in 2006-07. That has placed additional pressure on a unit that was originally designed to accommodate

Chart 8: Victoria Hospital ER visits per day by CTAS category 2006-07 vs 2007-08



approximately 1,100 births per year. Also, the number of complex cases in the obstretrics department is increasing. There are many mothers who have little or no pre-natal care, and there are more babies with addictions and high birth weights. These babies require extensive services, as do the mothers.

Table 8: Inpatient addiction services wait time

	2006-07	2007-08
Average wait time for admission to alcohol and drug outpatient services—Youth	54.5 days	17.1 days

Ministry of Health, Performance Management Accountability Indicators, for 2007-08 data see Appendix A.

Laboratory and diagnostic imaging service levels are also increasing. The number of laboratory patients increased to almost 168,000, up more than 7,000 for the fiscal year. That resulted in an increase to more than 1.4 million lab tests. X-ray patients and exams also increased, while computerized tomography (CT) patients and exam volumes have increased by about 50 per cent (Table 7).

The CT volumes have increased as a result of additional service being available. That is due to an agreement with Associated Radiologists of Saskatoon and a South African radiology practice to have on-site and on-call service available 24-hours per day (for emergency services).

The successful recruitment of four additional nurse practitioners for the western portion of the Region improved access to primary care for everyday services as well as the development of integrated teams in some communities to identify specific health needs of communities.

Utilization of five beds each in Big River and Spiritwood for alternate levels of care or those awaiting placement occurred in order to relieve pressures on Shellbrook Hospital and occasionally the Victoria Hospital. Both Big River and Spiritwood facilities have acute care departments closed due to lack of physician resources. The placement of Registered Nurse (Nurse Practitioner) in Spiritwood has seen a caseload of 1,000 patients served in the last year. A new RN (NP) will commence in Big River in June 2008 as there is currently intermittent coverage from Shellbrook physicians. This has allowed the region to exceed the provincial target for access to primary care with 33.39% having access. This is an increase from 16.4% in 2006-07. The number of clients being seen through primary health services has increased to a high of 4,939 in the fourth quarter of 2007-08.

In addition, there were 8,272 calls in 2007-08 from Prince Albert Parkland Health Region residents to the Saskatchewan HealthLine, an increase from 5,489 the previous year.

Addictions projects in the region continue to receive funding for community treatment programs and the inpatient unit at the Pineview Youth center. On September 12, 2007, the region was present to announce the partnership with the Prince Albert Grand council for a 15 bed Youth Treatment Program to be based near the Victoria Hospital. Once completed, this new site will replace the interim site at Pineview Terrace.

Planning also began for a Family Treatment Unit to be located near the Mental Health Villas and the Acute and Social Detox Unit. Tenders for the Detox Unit neared closure at the end of the fiscal year. Construction on the Acute and Social Detox Centre is expected to begin by June 2008.

In keeping with our health status report trends in increased acquired brain injuries (ABI) due to addictions or motor vehicle accidents have placed pressure on the ABI program and an identification of younger brain injured people unable to manage in the community requiring placement. This in turn has indicated a need for a behavioral management unit with staff specifically trained in this area, requiring development.

Along with this is the growing pressure from outside the Region to return closer to home, chronic ventilator patients who may be living outside of the region due to the lack of resources to care for these people. A cognitively complex unit is being considered for development.

Both of these areas are considerations for the Herb Bassett Home; however, funding for capital

changes is required to support this initiative. Larger numbers of infections have created increased pressure on the home IV therapy program in the urban area. Those at risk require a safe place for staff and clients to have delivery of care and Home Care is considering an ambulatory setting. This would alleviate pressure on the Victoria Hospital inpatient and ambulatory care units.

Goal 2 - Effective Health Promotion and Disease Prevention

The Prince Albert Parkland Regional Health Authority passed a motion in January 2008 to ban smoking in all buildings and on grounds owned by the region. A plan was put in place and the Tobacco Reduction Steering committee is developing plans to achieve this objective by July 1, 2008.

The health promotion team revised the health promotion plan and continued work on the four pillars of the plan: accessible nutritious food, mental well being, active communities and substance abuse. Most notable of the achievements was the high percentage of PAPHR schools with a healthy food policy. PAPHR has rated the highest in the province in this regard due mainly to work that has been carried out by the very successful "Food for Thought" project - a partnership with Education, Social Services and PAPHR.

Incidence of chronic illnesses in the Region, most notably diabetes and heart disease, has pointed out the need for resources to be more focused on prevention and health public policy.

Through a partnership with the Prince Albert Grand Council, a three year funding agreement from the aboriginal health transition fund was finalized. This project, entitled, Chronic Disease Network and Access Program was designed to address and eliminate gaps in service delivery between the federal and provincial health care systems. Funding continues until 2010 for this program.

Within the region itself, chronic disease care was expanded significantly using the network of nurse practitioners. Much care focuses on personal responsibility for one's own health.

A volunteer program, Living Well, was started using a group setting concept to support self care.

Safe Communities - Prince Albert, along with the Prince Albert Parkland Health Region, Prince Albert Housing Authority and Parkland Ambulance, launched The First Step: Fall Prevention Starts With You booklet in November 2007. The First Step is a resource to help people identify risk factors for falls, and gives advice on how people can reduce their risk of falling. The booklet includes a questionnaire that helps guide people through the booklet. It discusses risk factors for falling and gives advice on what people can do to reduce the risks of falls.

The abuse of alcohol and a variety of prescription and illegal drugs is a significant health issue within Prince Albert Parkland Health Region. We are aware that there are other significant challenges related to chronic illnesses, particularly diabetes, and several other health status indicators as outlined in the Our Region section of this report.

Reducing the impact of tobacco use is another priority for the Region, which has a fairly significant smoking rate when compared to the rest of the province. One in three men and one in four women, over the age of 12, who live in the Region are occasional or daily smokers. This compares to the provincial percentage of 25.59% for men and 22.89% for women.

Goal 3 - Retain, Recruit and Train Health Providers

Health Human Resources is the number one concern of the Prince Albert Parkland Health Region. Having the right person with the right skills in the right place at the right time is the key to delivering quality health-care services.

The increase in wage-driven premium hours (Table 9) demonstrates the challenges the Region faces in attempting to meet the service demands while struggling to recruit health-care professionals.

Recruitment and retention of staff remains a major challenge, with several positions deemed hard-to-recruit and staff vacancies contributing to the rising cost of overtime.

The Region has undertaken several initiatives to recruit a variety of health-care professionals, including registered nurse, registered psychiatric

nurses, physiotherapists, pharmacists, among the many providers necessary to ensure safe, quality services.

Table 9: Comparison of sick leave hours, wage-driven premium hours, and WCB claims and lost time, for Prince Albert Parkland Health Region

		2005-06	2006-07	2007-08
Number of sick leave hours per full time equivalent (FTE) by affiliation	CUPE	93.70	81.56	85.32
	HSAS	59.80	48.14	61.73
	SUN	92.82	82.18	94.51
	OOS	57.31	35.67	53.30
	PAPHR	88.83	76.25	82.94
Number of wage-driven premium hours over-time and other premiums) per full time equivalent (FTE) by affiliation	CUPE	38.05	40.87	73.29
	HSAS	5.07	5.85	8.28
	SUN	68.09	79.21	88.61
	OOS	10.15	16.92	13.02
	PAPHR	39.91	44.36	67.01
Number of lost-time WCB claims per 100 full time equivalents (FTEs)		10.57	8.58	9.02
Number of lost-time WCB days per 100 full time equivalents (FTEs)		588.63	383.54	411.24

Ministry of Health, Performance Management Accountability Indicators, for 2007-08 data see Appendix A

The Region has been recruiting internationally-educated physicians for many years. In fact, a majority of the physicians—both general practitioners and specialists—practicing within the Region are foreign-trained medical graduates.

In recent years, the Region's off-shore recruiting efforts have also included nurses, particularly those trained in the Philippines. While the Region has had some success in the past several years working with recruiting agencies, our success rate improved when Prince Albert Parkland participated in a provincially-organized recruiting trip in early 2008.

Three health region representatives, including a nursing manager, a Philippines-trained nurse working in the Region and a senior employment officer, were part of the provincial delegation. The trip, using ethical recruiting standards, resulted in Prince Albert Parkland offering full-time positions to 31 registered nurses. They are expected to begin arriving in the Region in the Spring and Summer of 2008. They will be joining graduates of nursing programs in Saskatchewan and other Prairie provinces as Prince Albert Parkland works to fill current vacancies and to rebuild an aging nursing workforce.

The aging workforce is not only a challenge among Registered Nurses and Registered Psychiatric Nurses, but includes a variety of professional and employee classification. The Region must recruit new employees to fill current vacancies, as well as the anticipated vacancies caused by retirements.

Prince Albert Parkland Health Region encourages students in health-related education programs by providing various work placements to assist them in meeting the practical components of those programs. Work Placements are designed to assist students in preparing for their future entry into the labour market by giving them an opportunity to gain practical experience related to their academic studies. While participating in a practicum placement, a student may be involved in performing duties that are normally performed by union members.

Students, during their work placements, work in a supernumerary capacity; they cannot be utilized as replacement workers. Students participating in a work placement have not completed their programs of study. They cannot be hired into positions with the Health Region until they have obtained (and can provide evidence of) the required qualification.

PAPHR, in particular the Regional Health Center, accommodates a large number of student practicum/work placements. These placements vary in length, depending on the program and the student's status within the program (first year, second year, etc.) Placements are facilitated through the Senior Employment Officer; she ensures that Work Placement Agreements are in place and that Unions are notified as placements occur. Department managers (or their designate) often serve as the on-site supervisor of the students and have direct contact with the training institution.

Currently, the region has 56 signed Work Placement Agreements with 34 training institutions from: Saskatchewan, Alberta, Ontario, British Columbia, Manitoba, North Dakota and Florida. Work Placements are valuable for the student, the

employees involved and for the employer.

For the student, the ability to put into practice what has been learned in the classroom setting allows them to understand the day-to-day duties and responsibilities of their chosen career. It also provides an opportunity to learn about both the workplace and the opportunities for employment with a particular employer.

For the employees involved as "buddies" or "preceptors", the work placement provides an opportunity to share their expertise and mentor a new member of the profession. It also provides an opportunity to be up-dated with new and/or up-to-date practices and procedures that the student brings from their recent training. In some sectors, involvement in work placement programs is considered to be a professional responsibility.

The number of students utilizing the Region for their practicum/work placement is ever increasing. In 2005, 171 students completed a practicum/work placement; in 2006, 360 students completed a practicum/work placement and in the first quarter of 2007 (January to March) - 191 students completed a practicum/work placements and from April 1st to December 31st 259 students completed practicum/work placements for a total of 450 overall.

Saskatchewan training and university programs provide the largest portion of new employees. Due to the location of training programs within the region, we are able to attract a number of graduates from these programs. In order to access training, some students move to the Health Region from other parts of the province and, having completed their practicum/work placements within the region, are interested to seek employment with an employer they have come to know.

We have been fortunate in the past few years to be able to offer employment to most of the graduates of the SIAST and Dumont Technical Institute Practical Nurse programs. In addition, the region is able to hire the majority of graduates from the Continuing Care Assistant Programs offered in the local area.

The SIAST program, offered in Prince Albert, has been a source of most of the Special Care Aide/ Home Health Aide hires in the past few years. In addition, when Northwest Regional College offers the Continuing Care Assistant Program in communities such as Spiritwood and Big River, we are very successful in recruiting the graduates. Recently, the Health Region has developed a new partnership agreement with Cumberland Regional College; some of the students from that program have completed placements in the health facilities at Birch Hills and Kinistino.

In 2003, the NEPS program, in conjunction with First Nations University of Canada, was established in Prince Albert. In 2006, the first graduates of that program became eligible for employment as Registered Nurses. These students completed a significant portion of their practicum placements in PAPHR facilities and of seven graduates, four accepted employment with PAPHR.

Each year, the Director of Nursing and Senior Employment Officer provide a recruitment presentation to the 4th-year NEPS students, providing them with vacancy and incentive information. The NEPS program through First Nations University of Canada in Prince Albert currently has 14 fourth-year students expected to graduate in the spring of 2008. Seven of these students have applied for and received PAPHR student bursaries all in the amount of $4000. In 2007 the Region hired 20 of the 25 FNUC NEPS graduating class. Four of these nurses have since left the employ of PAPHR.

This particular NEPS program will be the region's most reliable source of new Registered Nurses. To that end, contacts with students in the early years of the Prince Albert NEPS program have been initiated and continue; many of these students have been recruited as volunteers and are working in that capacity in Acute Care, Long Term Care or Home Care.

The Representative Workforce Coordinator and Director of Volunteer Services make periodic presentations to the NEPS students outlining employment and volunteer opportunities. This early attachment to the region, together with the opportunity for practicum placement, helps to ensure that the relationship continues through the course of their training. This connection is viewed as a means to attract and retain future employees.

In the past two years, there has been additional staff allocated to the Organizational Health and Development unit. It has allowed the Region's

Human Resources department to facilitate Workplace Accommodation and Return to Work programs much more effectively. Staff is able to return to work knowing that they are not expected to perform all their duties until they are medically fit to do so. This has allowed for a much better working relationship with their managers and co-workers. The additional staff has also allowed for the Organizational Health and Development department to help facilitate the local and regional Occupational Health and Safety committees.

The Region has in place the Workplace Advisory Group, (WAG) which consist of employees of all three unions and management. They provide input into the development of new policies and procedures for the region.

With the Tobacco and Smoke Free Policy becoming effective July 1, 2008, a healthier work environment will be in place for all. There may be some stumbling blocks along the way with implementation but the overall health and well being of all will be the greatest benefit.

Through the assistance of the Ministry of Health the region has hired a temporary Nursing Mentorship Coordinator until March of 2010. This is one of four positions within the province and will be responsible for coordinating with four adjacent regions. The Coordinator will work directly with new nursing graduates for up to a period of four months to help ease them into the Nursing profession. The grad students are supernumerary for the four months.

Goal 4 - A Sustainable, Efficient, Accountable, Quality Health System.

The Prince Albert Parkland Regional Health Authority has been granted Accreditation with Reports by the Canadian Council on Health Services Accreditation (CCHSA). This process is done on a three-year cycle.

Prince Albert Parkland had CCHSA surveyors visit the Region from June 2-8, 2007. They reviewed materials prepared by the Region's 11 accreditation teams, interviewed each of the teams and also met with patients and stakeholders. The survey team has now finalized its report, which grants the Region a three-year accreditation but also requires two reports regarding some areas of improvement. These reports will need to be completed within the next 12 months.

The first report, which had a deadline of January 31, 2008, focused on: patient safety processes such as the reconciliation of medications; infection control; and the communication of the region's infection control results to our staff and physicians.

The second report, with a deadline of July 31, 2008, will focus on: the completion of a comprehensive human resource plan, including recruitment and succession planning for management, staff and physicians; wait time review for the region's therapy services; and assessment of the region's medication management processes.

The Region completed a new strategic plan in March 2008. The principles that guided the strategic plan include: compassion, quality, safe care, a rewarding work life, innovation and healthy communities. There were significant and thoughtful contributions from a variety of staff, physicians, community partners and stakeholders. Information and recommendations from the Canadian Council on Health Services Accreditation Survey, and the Deloitte Operational Review completed in April 2007 were important resources in the development of the plan.

Another significant component of the strategic planning process was the Mental Health and Addictions Review, which was completed in late 2007. It was done in conjunction with the Ministry of Health and community partners. The recommendations focused on improving access and integration of mental health and addiction services.

In addition, the Region had several quality and risk management initiatives:

- Reorganization of the Quality Management department to include Quality of Care, Quality Improvement, Patient Safety, Infection Control, Privacy, Risk Management, Accreditation, and Ethics Committee.
- Hiring a .5 fte Privacy Officer and the initiation of a privacy program. The program will ensure the Region meets its responsibilities under the HIPA legislation. Policy development, education of staff and the public regarding privacy, investigation of breeches and privacy impact assessments are being undertaken.
- A sterilization audit on all of the region's sterilization processes was conducted to ensure that standards are being met.

Equipment was purchased to decrease the rate of Flash Sterilization in the OR.

Quality Management projects in progress are:

- Medication Reconciliation on admission to Victoria Hospital ICU and Birchview Home
- Timeliness of Breast Cancer care
- Implementation of best practice for surgical site infections
- Revision of our Clients Rights & Responsibilities policy 10-10-06 and revision of our printed materials to include a specific section on the patient roles and responsibilities regarding patient safety.

Table 10: PAPHR cost of premium hours

	2004-05	2005-06	2006-07	2007-08
CUPE	$ 919,400	$1,489,576	$1,844,303	$3,423,824
HSAS	32,406	30,987	37,331	48,154
SUN	1,010,108	1,253,146	1,528,936	1,727,375
OOS	45,908	81,797	148,429	141.992
Total	2,007,822	2,855,506	3,558,999	5,341,345

PAPHR Payroll information

Human resources are one of the most important issues effecting the sustainability of services. That applies to all health care professions, including nurses, physicians, technicians and therapists. Availability of the appropriate professional will have an impact on the ability to deliver services, particularly in rural areas but also for other regional programs including the Victoria Hospital's regional referral role.

In 2007-08, the Region continued the conversion to a Voice Over Internet Protocol telephone system. It will replace aging systems and also allow for expansion of the network to future capacity for new programs in patient care areas.

Emergency planning is part of the process of improving risk management. The Region is also examining other methods to improve this area. Reorganization of the senior management team has placed increased emphasis on this portfolio, and review of all aspects of emergency planning (man-made, natural, pandemic, etc.) is a priority.

In efforts to be transparent and accountable to the public, the Region held an annual meeting in August 2007. A review of the financial status was held. The meeting's focus was on the Region's health promotion strategy and lifestyle choices that affect health status.

Financial Summary

The Prince Albert Parkland Health Region Regional Health Authority recorded a deficit of $3,782,174. This is a significant deficit (2.6% of operating costs) and changes in the way that the Region conducts its business and provides care to our clients will have to contemplated by the Region in the up coming year.

The rising cost of overtime (Table 10), must be addressed in order to ensure future sustainability for health-care services.

The Region's working capital ratio decreased to 0.73, and is in a negative working capital position (-27.69 days). This results in significant pressure on the Region's finance department, and requires daily monitoring of cash flow.

The program support funding pool remains below the provincial target of five per cent. PAPHR's expenditures are 4.8 per cent of operating costs.

The Region experienced many areas of pressure during the 2007-08 fiscal year. Service volumes have increased significantly in acute care. While the sixth floor of the Victoria Hospital has been re-opened for patient care, there continues to be challenges to ensure there is sufficient bed capacity to meet the demand. Patient days, births, CT scans, emergency room visits, lab and x-ray volumes all show increases beyond expectations, creating pressure on the budget.

All areas of health care have experienced shortages of skilled staff and Prince Albert Parkland Health Region is no exception. The staffing shortages result in increased overtime costs, increased staff fatigue, sickness and injury claims and increased the pressure on our financial position. There is also a human cost, such as fatigue, sickness and increased potential for injury.

As a result of the deficit, the Region has to monitor cash flow on a daily basis and works closely with the Ministry of Health to ensure operations remain sustainable.

Beginning in 2008-09 the Region is undertaking renovation and upgrade of several of the Regions facilities that will generate energy savings sufficient to pay for these renovations over the next 12 to 15 years.

Future Outlook and Emerging Issues

The Prince Albert Parkland Regional Health Authority has exciting opportunities and difficult challenges ahead as it continues to focus on delivering quality health-care services and programs to the residents of the Region and to Saskatchewan.

In the past year, the Region developed a strategic plan to carry it forward for the next several years. While fiscal instability continues to be an area for attention, the Region's most significant challenge remains health human resources. Whether it is physicians, nurses, therapists or technicians, filling all vacant staff positions would have a positive impact on the Region's finances with reduced overtime costs for current staff. That will also, more importantly, have a positive impact for staff and ensure the continuity of care for our patients, residents and clients.

Staying competitive in a tight labour market only leads to more frustration for those departments with the need to fill hard-to-recruit positions. Having a healthy staff enjoying a quality workplace is one of the keys to both retention and recruitment. Part of that equation is a safe workplace. With the aging infrastructure of our buildings, the region is well aware of the impact this is having on the retention of employees in some of these buildings.

The Human Resources Department is undergoing some changes. The traditional Human Resources Department organizational chart is evolving with the current changes to how we recruit and retain employees. There is a need to re-examine the current staffing structure and determine the future requirements of the department.

With our increasing need to search overseas for hard to recruit positions, we need to have some expertise in working with immigration both here in Canada and abroad.

Partnerships with educational institutions need to be strengthened. The ability to have more off campus and satellite classes is definitely needed. By having satellite programs offered in Prince Albert and surrounding community colleges, we can provide students with hands on experience with the hope of subsequently hiring them into the system. This will put extra pressures on the system since the increasing number of students also increases the need for mentors and preceptors.

Information Management and Technology continues to be a major pressure point. The technology, not only to support computers but also diagnostic and other equipment, requires a network that is robust enough to support both the work being done on it and the technical support to ensure any interruptions are minimal.

The Region's Information Management and Technology department faces pressure on its resources. This is expected to escalate in the next few years with the implementation of programs such as the Radiology Information System/Picture Archive Compression System, Surgical Information System, and several others related to client registration.

Facility capacity is another hurdle for Prince Albert Parkland. There are challenges regarding space and design at Victoria Hospital, particularly in the obstetrics, ambulatory care and emergency room areas. The expansion of inpatient bed capacity in the past year was expected to relieve some pressure; however, increasing service demands often result in patients being cared for in inappropriate areas such as hallways or mergency room overflow.

Planning for emergency situations, whether related to infection or other disasters, is important to ensure that the Region's staff and physicians can respond adequately not only to the emergency but maintain necessary services to all patients, residents and clients.

The Region's first health status report is a guide to other opportunities and areas of focus. The residents of Prince Albert Parkland have many health-related challenges, from chronic diseases to high-risk behaviours.

Continued work on chronic disease will play an important role in helping our residents manage their illnesses, improve their quality of life and reduce pressure on acute care facilities.

The expansion of the Nurse Practitioner to Shellbrook, Spiritwood and Big River helped stabilize primary care in those communities and the surrounding areas. However, the continued Human Resource challenges will require the Region to examine how it can best deliver the necessary services to the people in need.

MANAGEMENT REPORT

May 15, 2008

PRINCE ALBERT PARKLAND HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer

AUDITORS' REPORT

To the Board of Directors
Prince Albert Parkland Regional Health Authority:

We have audited the statement of financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances, and cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan

Chartered Accountants

May 15, 2008

Financial Statements

For the Year ended March 31, 2008

Statement 1: Statement of Financial Position as of March 31, 2008

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2008	Total 2007 (Note 19)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 6,343,448	$ 13,525,959	$ 150,431	$ 20,019,838	$ 11,307,284
Accounts receivable					
Saskatchewan Health - General Revenue Fund	60,796	-	-	60,796	652,845
Other	2,362,722	37,893	8,796	2,409,411	2,461,166
Inventory	826,945	-	-	826,945	836,663
Prepaid expenses	840,613	177,454	-	1,018,067	1,033,877
	10,434,524	13,741,306	159,227	24,335,057	16,291,835
Long term receivables (Note 3)	-	-	698,486	698,486	669,035
Investments (Market $624,659; 200 - $609,468)	-	-	624,659	624,659	609,468
Capital assets (Note 4)	-	41,633,478	-	41,633,478	42,338,709
Total Assets	$ 10,434,524	$ 55,374,784	$ 1,482,372	$ 67,291,680	$ 59,909,047
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 8,353,794	$ 35,239	$ -	$ 8,389,033	$ 9,295,045
Other Payable - Prince Albert Grand Council	3,305,000	-	-	3,305,000	2,255,000
Accrued salaries	2,691,787	-	-	2,691,787	2,194,449
Vacation payable	7,260,151	-	-	7,260,151	6,615,995
Outstanding interfund loans	(2,925,526)	2,901,880	23,646	-	-
Current portion of mortgages payable (Note 6)	-	714,293	-	714,293	676,448
Deferred revenue (Note 7)	3,602,371	-	-	3,602,371	2,114,259
	22,287,577	3,651,412	23,646	25,962,635	23,151,196
Long Term Liabilities					
Mortgages payable (Note 6)	-	7,571,876	-	7,571,876	8,326,235
Total Liabilities	22,287,577	11,223,288	23,646	33,534,511	31,477,431
Fund Balances:					
Invested in capital assets	-	33,312,070	-	33,312,070	33,239,565
Externally restricted (Schedule 3)	-	7,418,550	1,458,726	8,877,276	1,404,182
Internally restricted (Schedule 4)	52,884	1,232,360	-	1,270,256	1,257,688
Unrestricted	(11,905,937)	2,188,516	-	(9,702,433)	(7,469,819)
Fund balances – (Statement 2)	(11,853,053)	44,151,496	1,458,726	33,757,169	28,431,616
Total Liabilities & Fund Balances	$ 10,434,524	$ 55,374,784	$ 1,482,372	$ 67,291,679	$ 59,909,047

APPROVED BY THE BOARD:

_____ **DIRECTOR**

_____ **DIRECTOR**

See accompanying notes to the financial statements

Statement 2: Statement of Operations and Changes in Fund Balances, for year ended March 31, 2008

	Operating Fund			Restricted			
	Budget 2008 (Note 12)	2008	2007 (Note 19)	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007 (Note 19)
REVENUES							
Saskatchewan Health - General Revenue	$129,567,455	$131,273,957	$122,032,432	$12,659,149	$ -	$ 12,659,149	$ 3,765,188
Other Provincial Revenue	551,268	439,738	607,948	-	-	-	-
Special Funded Programs	718,212	620,290	536,197	-	-	-	-
Federal Government Revenue	110,000	96,162	109,626	306,646	-	306,646	319,791
Patient Fees	6,088,216	6,168,970	6,087,136	-	-	-	-
Out of Province Revenue (Reciprocal)	570,000	597,850	557,448	-	-	-	-
Out of Country Revenue	18,000	8,082	17,850	-	-	-	-
Donations	-	95,739	31,850	808,465	-	808,465	423,217
Investment Revenue	150,677	224,633	167,346	294,280	54,544	348,824	176,142
Ancillary Revenue	896,000	1,043,045	956,181	-	-	-	-
Recoveries	3,095,033	2,580,408	2,981,267	-	-	-	-
Other Revenue	46,000	30,568	99,650	33,643	-	33,643	40,431
	141,810,861	143,179,442	134,184,931	14,102,183	54,544	14,156,727	4,724,769
EXPENSES							
Province Wide Acute Care Services	1,724,133	1,853,250	1,587,206	-	-	-	-
Acute Care Services	54,238,722	57,910,362	51,428,004	3,146,685	-	3,146,685	2,375,664
Physician Compensation - Acute	9,542,577	10,151,995	9,502,724	-	-	-	-
Supportive Care Services	34,064,494	35,312,053	33,841,519	1,516,954	-	1,516,954	1,340,887
Home Based Service - Supportive Care	7,160,949	6,667,311	6,390,713	21,306	-	21,306	14,635
Population Health Services	4,627,561	4,295,577	4,146,883	17,240	-	17,240	9,326
Community Care Services	10,310,256	9,970,612	8,384,299	6,627	-	6,627	9,973
Home Based Services - Acute & Palliative	2,220,886	2,091,942	1,995,085	5,664	-	5,664	3,890
Primary Health Care Services	2,073,403	1,927,532	1,309,276	38,937	-	38,937	38,739
Emergency Response Services - RHA	2,830,701	2,917,304	2,620,734	-	-	-	-
Mental Health Services - Inpatient	4,093,960	3,621,256	3,783,647	-	-	-	-
Physician Compensation - Community Services	1,398,764	1,825,883	1,698,000	-	-	-	-
Program Support Services	6,157,039	7,097,788	6,016,717	191,039	-	191,039	-
Special Funded Programs	718,212	671,214	646,277	-	-	-	93,069
Ancillary	611,257	647,537	648,306	104,549	-	104,549	116,374
Total Expenses (Schedule 1)	141,772,914	146,961,616	133,999,390	5,049,001	-	5,049,001	4,002,557
Excess (Deficiency) of revenues over expenses	$ 37,947	(3,782,174)	185,541	9,053,182	54,544	9,107,726	722,212
Fund Balances, beginning of year		(8,036,406)	(8,179,470)	35,063,841	1,404,182	36,468,023	35,703,334
Interfund transfers (Note 13)		(34,473)	(42,477)	34,473	-	34,473	42,477
Fund balances, end of year		$ (11,853,053)	$ (8,036,406)	$ 44,151,496	$ 1,458,726	$ 45,610,222	$ 36,468,023

See accompanying notes to the financial statements

Statement 3: Statement of Cash Flow for the year ended March 31, 2008

	Operating Fund		Restricted Fund			
	2008	2007 (Note 19)	Capital	Community	Total	Total (Note 19)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$(3,782,174)	$ 185,541	$ 9,053,182	$ 54,544	$ 9,107,726	$ 730,266
Net change in non-cash working capital (Note 8)	2,486,151	7,666,177	967,809	(9,665)	958,144	779,581
Amortization of capital assets	-	-	4,529,247	-	4,529,247	3,218,598
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	116,837	-	116,837	-
	(1,296,023)	7,851,718	14,667,075	44,879	14,711,954	4,728,445
Purchase of capital assets						
Land and leasehold improvements	-	-	(198,048)	-	(198,048)	-
Buildings/construction	-	-	(662,535)	-	(662,535)	(615,692)
Equipment	-	-	(3,086,817)	-	(3,086,817)	(1,828,796)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	6,547	-	6,547	-
Purchase of long-term investment	-	-	-	(15,191)	(15,191)	(21,447)
	-	-	(3,940,853)	(15,191)	(3,956,044)	(2,465,935)
Repayment of debt	-	-	(716,514)	-	(716,514)	(860,513)
Net increase (decrease) in cash & short term investments during the year	(1,296,023)	7,851,718	10,009,708	29,688	10,039,396	1,401,997
Cash & short term investments, beginning of year	7,673,944	1,865,256	3,481,778	120,743	3,602,521	188,313
Interfund transfers (Note 13)	(34,473)	(42,477)	34,473	-	34,473	42,477
Cash & short term investments, end of year	$ 6,343,448	$ 9,674,497	$13,525,959	$ 150,431	$13,676,390	$ 1,632,787
Amounts in cash balances						
Cash & short term investments	$ 6,343,448	$ 9,614,497	$13,525,959	$ 150,431	$13,676,390	$ 1,632,787

See accompanying notes to the financial statements

Notes to the Financial Statements—March 31, 2008

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Prince Albert Parkland Regional Health Authority was created by The Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act.

The Prince Albert Parkland Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Amalgamation of Organizations

The Act and regulations under the Act assign the Prince Albert Parkland Regional Health Authority (RHA) the responsibility to co-ordinate and deliver certain institutional and community based health services. To meet this responsibility, certain health care organizations (HCO's) were amalgamated with the Regional Health Authority. In the 2007-08 fiscal year, the following Health Care Organization amalgamated with the Regional Health Authority:

Prince Albert Council on Alcohol & Drug Abuse (PACADA)

b) Health Care Organizations

i) The Regional Health Authority has agreements with and grants funding to the following CBOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
S.H.A.R.E
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
PA Early Childhood Intervention

Note 10b (i) provides disclosure of payments to CBOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act):

Mont. St Joseph Home Inc.

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the Regional Health Authority, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information of the foundation.

Notes to the Financial Statements—March 31, 2008

c) Fund Accounting

The accounts of the Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Regional Health Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Regional Health Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Regional Health Authority and the health corporations.

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

g) Pension

Employees of the Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Regional Health Authority follows defined contri-

Notes to the Financial Statements—March 31, 2008

bution plan accounting for its participation in the plans. Accordingly, the Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The Regional Health Authority is exposed to financial risks as a result of financial instruments. The risks the Regional Health Authority is exposed to are:

i) Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

j) Replacement Reserves

The Regional Health Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Long-term receivable

Community Trust:
The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2008	2007
Kinistino and District Health Foundation Inc.	**$ 591,524**	$ 564,633
Birch Hills and Area Health Care Foundation Inc.	**106,962**	104,402
	$ 698,486	$ 669,035

4. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 650,420	$ -	$ 650,420	$ 650,420
Land Improvements	952,169	728,429	223,740	168,089
Buildings	75,661,583	41,590,835	34,070,748	35,290,104
Equipment	26,150,271	19,621,380	6,528,891	5,414,933
Construction in progress	159,679	-	159,679	815,163
	$ 103,574,122	$ 61,940,644	$ 41,633,478	$ 42,338,709

Notes to the Financial Statements—March 31, 2008

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2008, commitments for acquisition of capital assets were $704,668 (2007 - $ 165,000).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next 4 years are as follows:

2009	$202,210
2010	144,056
2011	92,697
2012	92,697

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2008	**2007**
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $733,123	**$ 808,694**	$ 865,864
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $825,901	**576,299**	601,413
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030. NBV of pledged assets is $1,313,178	**259,643**	263,503
Herb Bassett Home CMHC, due March 1, 2009	3.43%	$355,944 principal & interest of which $77,066 is subsidized by SHC, yielding an effective interest rate of 2% Mortgage renewal date – March 1, 2009 NBV of pledged assets is $3,439,669	**347,453**	678,727
Idyllwild Lodge CMHC due June 1, 2020	4.69%	$126,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $3,889,540	**1,144,544**	1,212,231
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016. NBV of pledged assets is $11,160	**539,447**	570,820
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**68,013**	75,693

Notes to the Financial Statements—March 31, 2008

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2008	2007
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $3,135,024	**1,089,402**	1,146,016
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $35,587 forgivable at $1,694 per year over the life of the mortgage if regular payments are made. NBV of pledged assets is $49,678	**465,602**	476,726
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015. NBV of pledged assets is $393,356	**439,518**	462,637
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $1,260,697	**1,215,605**	1,257,423
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015. NBV of pledged assets is $946,765	**1,331,949**	1,391,630
			8,286,169	9,002,683
Less: Current portion			**714,293**	676,448
			$ 7,571,876	$8,326,235

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMCH). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Regional Health Authority has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2009	$ 714,293	2012	$ 442,198
2010	$ 390,927	2013	$ 377,498
2011	$ 415,592	2014 and subsequent	$ 5,945,661

Notes to the Financial Statements—March 31, 2008

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	24,684	2,704	17,820	39,800
Autism Intervention Training	-	-	23,575	23,575
Children's Mental Health	65,331	30,461	422,531	457,401
Cognitive Disabilities	97,670	221,155	175,000	51,515
Community Mental Health	84,000	-	-	84,000
Cont. Education/Development	105,690	2,838	35,395	138,247
Enhanced Needle Exchange	32,000	32,000	-	-
Epidemiological Monitoring	50,000	-	-	50,000
Family Support/Rehab	19,042	-	-	19,042
Hip and Knee Pathway	-	10,441	50,000	39,559
HIV Case Management	20,000	-	20,000	-
Infant Influenza	500	500	-	-
Lower Immunization Rates	-	-	15,000	15,000
Meningococcal Catch Up	4,640	-	-	4,640
Needle Exchange - AEN	9,000	9,000	7,000	7,000
Nursing Mentorship	-	2,320	54,000	51,680
Primary Care	210,651	127,589	320,397	403,459
Project Hope	1,037,598	93,573	673,426	1,617,451
Public Health - Mumps	-	-	8,400	8,400
Quality Health Workplace	56,365	-	35,395	91,760
Return to Work Program	100,000	100,000	-	-
SIMS / PHIS	11,318	11,318	-	-
Vaccination -Under serviced Area	14,800	2,000	-	12,800
Youth Criminal Justice Act	10,936	-	-	10,936
Total Sask Health	**$ 1,954,225**	**$ 685,899**	**$1,857,939**	**$3,126,266**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 157,534	$ 419,914	$ 724,203	$ 461,823
Health Promotions	-	1,000	7,500	6,500
Life Skills Coach Training	2,500	2,500	-	-
Parent Support Program	-	68,000	68,000	-
Tiny Eye	-	44,378	50,000	5,622
Other	-	-	2,161	2,161
Total Non Sask Health	**$ 160,034**	**$ 535,792**	**$ 851,865**	**$ 476,106**
Total Deferred Revenue	**$ 2,114,259**	**$1,221,692**	**$ 2,709,804**	**$ 3,602,371**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
(Increase) Decrease in accounts receivable	$ 423,551	$ 4,008,879	$ 254,936	$ (33,314)	$ 221,622	$ 782,179
(Increase) Decrease in inventory	9,718	(3,340)	-	-	-	-
(Increase) Decrease in prepaid expenses	193,264	(767,008)	(177,454)	-	(177,454)	-
Increase (Decrease) in accounts payable	205,210	6,430,966	-	-	-	(2,598)
Increase (Decrease) in accrued salaries	497,338	(3,816,238)	(61,222)	-	(61,222)	-
Increase (Decrease) in vacation payable	644,156	389,488	-	-	-	-
Increase (Decrease) in interfund loans	(975,198)	-	951,549	23,649	975,198	-
Increase (Decrease) in deferred revenue	1,488,112	1,423,430	-	-	-	-
	$ 2,486,151	$ 7,666,177	$ 967,809	$ (9,665)	$ 958,144	$ 779,581

Notes to the Financial Statements—March 31, 2008

9. Patient and Resident Trust Accounts

The Regional Health Authority administers funds held in trust for patients and residents using the Regional Health Authority's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2008 was $119,867 (2007 - $146,973). These amounts are not reflected in the financial statements.

	2008	2007
Patient / resident	$ 93,280	$ 121,185
Leoville Union Hospital –Pre-amalgamation	26,587	25,788
	$ 119,867	$ 146,973

10. Related Parties

These financial statements include transactions with related parties. The Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

	2008	2007		2008	2007
Accounts Receivable			**Expenditures**		
Cooperative Health Center	$ 27,605	$ 1,646	Canadian Mental Health	$ 189,577	$ 145,674
Dept of Community Resources	1,646	1,646	Health Quality Council	-	150
Health Quality Council	-	4,303	Minister of Finance	224,997	263,226
Dept of Justice / Corrections	3,977	-	North Sask Laundry	2,394,935	1,998,611
Kelsey Trail Health Region	2,606	-	P.A.C.A.D.A.	-	339,600
Mont St. Joseph	3,758	3,051	Public Employees Pension	223,200	250,823
North Sask Laundry	7,711	40,971	Royal University Hospital	-	149
Regina Qu'Appelle Health Reg	4,822	(80)	S.A.H.O.	5,403,681	5,160,960
Sask Cancer Agency	3,426	468	S.G.I.	1,321	1,859
Sask Health	267,778	522,845	S.H.A.R.E.	452,853	438,218
Sask Health Info Network	48,141	25,279	Sask Energy	695,844	691,287
Saskatoon Health Region	1,954	225	Sask Mobility	144,276	113,205
Sask Penitentiary	41,061	43,935	Sask Power	1,208,404	1,005,924
S.A.H.O	8,092	-	Sask Property Mngt	536,274	214,602
S.G.I.	7,583	8,135	Sask Transport Company	4,819	4,003
Social Services (Home Care)	1,646	-	Sask-Tel	391,079	369,796
St. Joseph Hospital	1,536	47	SHEPP	8,395,795	7,455,965
WCB	90,704	75,839	University of Saskatchewan	902	1,258
Misc. (Customers under $1000)	815	781	WCB	2,026,886	1,826,430
	$ 524,861	$ 729,091	All Other Health Regions	32,061	14,988
				$ 22,326,904	$ 20,296,728

Notes to the Financial Statements—March 31, 2008

	2008	2007		2008	2007
Accounts Payable					
Dept of Prop Mngt	$ 58,090	$ 50,924	**Pre-Paid Expenses**		
Minister of Finance	37,050	9,897	North Sask Laundry	$ 114,070	$ 114,070
North Sask Laundry	374,780	498,861	S.A.H.O.	115,250	113,424
Parkland Ambulance	111,047	3,000	WCB	422,644	461,005
Public Employee Pension	12,170	80		$ 651,964	$ 688,499
SAHO	168,717	160,627			
SHARE	5,000	-			
Sask Energy	77,195	84,718	**Revenues**		
Sask Tel	27,917	28,954	North Sask Laundry	$ 264,698	$ 244,391
Sask Tel Mobility	15,293	10,606	S.G.I.	725,372	753,369
SHEPP	987,782	902,994	WCB	281,275	398,815
WCB	938,807	1,103,289		$ 1,271,345	$ 1,396,575
All other Health Regions	13,134	1,500			
Misc (payables under $1000)	1,427	-			
	$ 2,828,409	$ 2,855,450			

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The Regional Health Authority has also entered into agreements with CBO's and Third Parties to provide health services. These organizations receive operating funding from the Regional Health Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Regional Health Authority provided the following amounts to CBO's and Third Parties:

	2008	2007
Canadian Mental Health Association	$ 189,577	$ 145,674
Cooperative Health	224,555	155,127
Family Futures	48,288	49,390
Prince Albert Council on Alcohol & Drug Abuse	-	339,600
Prince Albert Mobile Crisis Unit	64,000	64,000
Prince Albert Early Childhood Intervention	42,001	40,778
S.H.A.R.E.	452,853	438,218
Blaine Lake Ambulance	273,197	251,446
Parkland Ambulance	2,214,145	1,909,925
Spiritwood Ambulance	765,146	693,913
	$4,273,762	$4,088,071

Notes to the Financial Statements—March 31, 2008

ii) Affiliates

The Act makes the Regional Health Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Regional Health Authority. The Regional Health Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2008	2007
Mont St. Joseph Home Inc.	$ 6,251,376	$ 6,272,724

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2008 and 2007.

Mont. St. Joseph Home Inc.

	2008	2007
Balance Sheet		
Assets	$ 463,591	$ 708,731
Net Capital Assets	10,577,773	10,877,639
Total Assets	$ 11,041,364	$ 11,586,370
Total Liabilities	$ 1,293,147	$ 1,431,784
Total Net Assets (Fund Balances)	9,748,217	10,154,586
	$ 11,041,364	$ 11,586,370
Results of Operations		
RHA Grant	$ 6,251,376	$ 6,272,724
Other Revenue	1,887,491	1,779,763
Total Revenue	8,138,867	8,052,487
Salaries & Benefits	6,660,885	6,534,593
Other Expenses*	1,884,351	1,887,835
Total Expenses	8,545,236	8,422,428
Excess Revenue over Expenses	$ (406,369)	$ (369,941)
*Other Expenses includes amortization of $401,556 (2007 - $462,603)		
Cash Flows		
Cash from operations	$ 178,500	$ (29,442)
Cash used in Financing Activities	(79,303)	75,401
Cash used in Investing Activities*	(101,690)	(52,112)
Increase in cash	$ (2,493)	$ (6,153)

*Cash used in investing activities includes capital purchases of $101,690 (2007-$52,112)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation. The Prince Albert Parkland Regional Health Authority has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $568,078 (2007-$628,162) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $440,413 (2007 - $289,739) to the Regional Health Authority.

The Foundation has not been consolidated in the Regional Health Authority's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended September 30, 2007 and 2006 are as follows:

Notes to the Financial Statements—March 31, 2008

Victoria Hospital Foundation:

Balance Sheet	2007	2006
Total Assets	$ 831,668	$ 857,327
Total Liabilities	39,278	28,515
Total Net Assets (Fund Balances)	792,390	828,812
	$ 831,668	$ 857,327
Results of Operations		
Total Revenue	601,739	590,461
Salaries & Benefits	149,098	141,585
Other Expenses*	489,063	334,445
Total Expenses*	638,161	476,030
Excess Revenue over Expenses	$ (36,422)	$ 114,431

*Total Expenses include contributions of $440,413 (2006 - $298,739) to the Regional Health Authority and amortization of $2,379 (2006 - $3,862)

Cash Flows		
Cash From Operations	$ (25,940)	$ 163,151
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	(7,189)	(5,358)
	$ (33,129)	$ 157,793

*Investing Activities includes capital purchases of $7,189 (2006 - $5,358)

11. Pension Plan

Employees of the Regional Health Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Regional Health Authority's financial obligation to the plans is limited to making required payments to these plans according to their applicable agreements. Pension expense for the year amounted to $4,552,425 (2007 - $4,542,171) and is included in benefits in Schedule 1.

Effective March 31 2008 contribution rates are as follows:

6.55% (2007 - 6.55%) of pensionable earnings up to the yearly maximum (CPP) plus
8.23% (2007 - 8.23%) of pensionable earnings above the yearly maximum (CPP).

Notes to the Financial Statements—March 31, 2008

12. Budget

The Regional Health Authority Board approved the 2007-2008 budget plan on May 30, 2007.

13. Interfund Transfers

Each year the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	-	-	-	-	-
SHC reserves	(34,473)	34,473	-	(61,883)	61,883	-
Mortgage Payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (34,473)	$ 34,473	$ -	$ (61,883)	$ 61,883	$ -

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

For investments, the fair value is considered to approximate quoted market values.

The fair value of mortgages payable before the repayment required within one year, is $8,365,213 (2007 - $9,118,697) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowwing/Operating Lind-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2007 - $1,000,000) with an interest rate charged at prime minus 0.25%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an

Notes to the Financial Statements—March 31, 2008

assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2008 was $510 (2007 - $625).

e) Other Financial Instruments

The Regional Health Authority classifies its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments are classified as held-for-trading assets and recorded at fair value. Transaction costs related to held-for-trading financial assets are expensed as incurred. The change in the fair value of the investments is recognized in net income.

Bank indebtedness is classified as held-for-trading. The carrying value approximates fair value due to the short-term nature of the instrument. Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgage payable are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

15. Change in Accounting Policy

Effective April 1, 2007, the Regional Health Authority adopted the Canadian Institute of Chartered Accountants' new recommendations for the recognition and measurement of financial instruments, and amendments to the existing presentation and disclosure standards.

CICA 3811 *Financial Instruments – Recognition and Measurement* establishes standards for recognizing and measuring financial assets, financial liabilities and derivatives. CICA 3862 *Financial Instruments – Disclosures* and CICA 3863 *Financial Instruments – Presentation* discusses the presentation and disclosure of these items. Financial instruments are defined as a contractual right to either receive or deliver cash or another financial instrument to another party.

Amendments to CICA 4400 Not-For-Profit Organizations require presentation of gains, losses, revenues and expenses arising from derivatives, hedges and other financial instruments as separate components of the change in fund balances. The Authority had no items requiring reclassification to fund balances.

As described in note 14 to the financial statements, the Authority recognizes its held for trading financial assets and liabilities at their fair value. Prior to this classification, required at the time the Authority adopted the Financial Instruments standards, these items were recognized at their historical cost, adjusted for any permanent impairment. The new requirements were applied prospectively.

As described in note 14 to the financial statements, the Authority's held to maturity and loan and receivable financial assets, and its other financial liabilities, are recognized at their amortized cost, using the effective interest method. Prior to this classification, these items were recognized at their historical cost, adjusted for any permanent impairment. There was no effect of this change in accounting policy in the current period on any of the Authority's fund balances. The new requirements were applied prospectively and prior periods have been restated.

16. Volunteer Services

The operations of the Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

Notes to the Financial Statements—March 31, 2008

17. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cash flows to operate effectively. The Laundry is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. The Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $43,456.

18. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

19. Comparative Information

a) Certain 2006-07 balances have been reclassified to conform to the current year's presentation.

b) As described in Note 2a), the Regional Health Authority amalgamated with one additional health care organization during the year. By aggregating the financial statements of the controlled organization with those of the reporting organization, the assets, liabilities, and results of operations of the healthcare organization are included in the financial statements for the 2007 fiscal year. As a result, the 2007 comparative figures are restated as follows:

	As Previously Recorded	Restatement	2007 As Restated
Assets	$ 59,855,910	$ 53,137	$ 59,909,047
Liabilities	31,477,431	-	31,477,431
Fund balances, beginning of year			
- Operating Fund	(8,206,890)	27,419	(8,179,471)
- Restricted Funds	35,675,874	27,460	35,703,334
Fund balances, end of year			
- Operating Fund	(8,089,544)	53,137	(8,036,407)
- Restricted Funds	36,468,023	-	36,468,023
Operating Fund			
Revenues	134,129,172	55,759	134,184,931
Expenses	133,949,943	49,447	133,999,390
Excess/Defeciency of revenue over expenses	$ 179,229	$ 6,312	$ 185,541
Restricted Funds			
Revenues	4,724,769	-	4,724,769
Expenses	3,994,503	8,054	4,002,557
Excess/Defeciency of revenue over expenses	$ 730,266	$ (8,054)	$ 722,212
Interfund Transfers			
Operating Funds	(61,883)	19,406	(42,477)
Restricted Funds	61,883	(19,406)	42,477

Schedule 1: Schedule of Expenditures by Object for the year ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007 (Note 18)
Operating:			
Board Costs	$ 139,000	$ 95,564	$ 134,301
Compensation - Benefits	15,412,072	15,218,195	14,396,242
Compensation - Salaries	79,677,447	83,633,153	74,782,329
Diagnostic Imaging Supplies	132,052	144,152	90,983
Drugs & Gases	2,073,584	2,136,112	2,060,961
Food	2,069,963	2,108,355	1,934,738
Grants to Ambulance Services	2,781,003	2,887,556	2,594,004
Grants to third parties	6,926,867	6,758,093	6,767,207
Housekeeping and Laundry supplies	1,054,733	1,029,109	1,036,199
Information Technology Contracts	164,214	1,226,321	995,360
Insurance	215,842	225,414	258,739
Interest Expense	11,005	47,989	23,133
Laboratory Supplies	978,482	919,121	867,145
Medical and Surgical Supplies	2,667,419	2,661,918	2,502,898
Medical remuneration and benefits	10,889,032	12,002,753	11,190,762
Office supplies and other office costs	551,874	509,956	541,810
Other	2,313,308	1,889,679	1,798,722
Other Referred-out Services	3,065,264	2,688,068	2,565,168
Professional fees	581,801	626,088	625,307
Prosthetics	644,500	611,162	627,235
Purchased services	1,620,100	1,437,583	1,262,174
Rent/lease costs	1,458,017	1,981,967	1,384,245
Repairs and maintenance	1,566,881	1,414,852	870,770
Service Contracts	483,663	594,813	675,069
Travel	1,463,443	1,329,389	1,224,084
Utilities	2,831,348	2,784,254	2,789,805
	$ 141,772,914	**$ 146,961,616**	**$ 133,999,390**
Restricted:			
Amortization		$ 4,529,247	$ 3,375,419
Mortgage Interest		397,921	463,373
Loss/(Gain) on disposal of fixed assets		116,837	-
Other		4,996	133,883
		$ 5,049,001	**$ 3,972,675**

Schedule 2: Scheduled for Consolidated Investments for the Year ended March 31, 2008

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 7,936,466			
CIBC - Dept Note Series No 986	1,981,176	8/26/2008	4.50%	
Province of British Columbia	1,095,637	6/9/2008	3.86%	
Province of British Columbia	2,376,923	12/1/2009	2.70%	
Province of Ontario	203,416	6/2/2013	4.53%	
Province of Quebec	82,771	6/1/2009	4.01%	
Total Cash & Short Term Investments	13,676,389			
Long Term				
Shellbrook Credit Union	10,420	4/5/2008	4.20%	
Shellbrook Credit Union	13,681	9/18/2009	4.50%	
Shellbrook Credit Union	122,441	3/25/2009	4.58%	
Shellbrook Credit Union	147,052	6/1/2008	4.50%	
Shellbrook Credit Union	59,830	2/20/2009	2.50%	
Shellbrook Credit Union	54,392	3/14/2009	4.30%	
Shellbrook Credit Union	90,454	3/14/2010	4.20%	
Shellbrook Credit Union	52,000	5/7/2010	4.47%	
Shellbrook Scotia Bank	28,760	8/24/2010	4.10%	
Shellbrook Scotia Bank	37,610	2/20/2012	3.30%	
Shellbrook Credit Union Cash	8,019			
Total Long Term Investments	624,659			
Total Restricted Investments	**14,301,048**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 10,495			
C.I.B.C. - Prince Albert, Sk	2,386,452			
Shellbrook Credit Union	88,173			
Marcelin Credit Union	30,635			
Leoville Credit Union	21,369			
Scotiabank (Kinistino)	24,499			
Spiritwood Credit Union	49,055			
CIBC - Wood Gundy Cash	139,074			
CIBC - Wood Gundy Equity	122,635			
Ontario Hydro Global	134,699	4/15/2012	3.70%	
Province of British Columbia	134,198	6/9/2008	3.60%	
Province of British Columbia	102,156	3/5/2009	3.00%	
Province of British Columbia	169,113	1/9/2010	5.02%	
Province of British Columbia	118,882	9/8/2011	4.45%	
Province of Ontario	27,235	3/8/2009	3.00%	
Province of Ontario	801,991	12/2/2009	3.25%	
Province of Ontario	1,030,678	3/8/2009	4.05%	
Province of Quebec	952,110	6/1/2009	4.01%	
Total Cash and Short Term Investments	**6,343,449**			
Long Term				
Total Long Term Investments	-			
Total Unrestricted Investments	**6,343,449**			
Total Investments	**$ 20,644,497**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 20,019,838			
Total Long Term	624,659			
Total Investments	**$ 20,644,497**			

Restricted Investments consist of : community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of The Department of Community Resources) (SHC) are held in the Capital Fund (Schedule 4).

Schedule 3: Schedule of Consolidated Externally Restricted Funds, for the year ended March 31, 2008

CAPITAL FUND EQUITY

	Balance, Beginning of Year	Investment and Other Income	Donation	Expenses	Withdrawals	Balance, End of Year
Breif and Social Detox Centre - Project Hope	$ -	$1,030,550	$ -	$ -	$ -	$1,030,550
Family Treatment Centre - Project Hope	-	4,388,000	-	-	-	4,388,000
North Sask Laundry Building Upgrade	-	2,000,000	-	-	-	2,000,000
Total Capital Externally Restricted Funds	$ -	$7,418,550	$ -	$ -	$ -	$7,418,550

COMMUNITY TRUST FUND EQUITY

	Balance, Beginning of Year	Investment and Other Income	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc.	$ 564,633	$ 26,892	$ -	$ -	$ -	$ 591,525
The Birch Hills and Area Health Care Foundation Inc.	104,402	2,559	-	-	-	106,961
Shellbrook Union Hospital Board	585,432	17,999	-	-	-	603,431
Agnew Estate	28,968	1,055	-	-	-	30,023
Prince Albert Parkland Regional Health Authority	120,747	6,039	-	-	-	126,786
Total	**$ 1,404,182**	**$ 54,544**	**$ -**	**$ -**	**$ -**	**$ 1,458,726**

Schedule 4: Schedule of Consolidated Internally Restricted Fund Balances, for the year ended March 31, 2008

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer (to unrestricted fund)	Transfer (to investment in capital asset fund)	Balance, End of Year
Operating						
PACADA Scholarship fund	-	-	-	52,884	-	52,884
Capital						
SHC Replacement Reserves						
Birchview Home	$ 18,405	$ 1,061	$ 5,075	$ 20,460	$ -	$ 4,081
Hafford Special Care Centre	7,784	340	4,250	-	-	12,374
Herb Bassett Home	289,343	10,666	49,740	11,304	33,221	305,224
Idylwild Lodge	10,000	436	11,088	21,524	-	-
Jubilee Lodge	16,389	3,548	9,500	466	8,397	20,574
Jubilee Units	100,572	3,232	8,054	-	-	111,858
Lakewood Lodge	37,879	1,653	9,100	-	-	48,632
Parkland Terrace	70,703	3,085	7,707	-	-	81,495
Pineview Terrace Lodge	23,317	1,612	-	14,986	3,329	6,614
Pineview Terrace Units	210,030	7,984	-	17,551	48,897	151,566
Wheatland Lodge	25,537	1,114	7,750	-	-	34,401
Whispering Pine Place	77,135	3,366	8,500	-	11,630	77,371
Total SHC	887,094	38,097	120,764	86,291	105,474	854,190
Other Internally Restricted Funds						
Begin Estate	3,321	110	-	-	-	3,431
Ferris Estate	28,360	905	-	-	-	29,265
Herb Bassett Home Chapel	8,159	270	-	-	5,354	3,075
Parkland Terrace	63,802	2,784	-	-	-	66,586
Poole Estate	17,973	594	-	-	-	18,567
Printing Equipment	97,359	3,220	-	-	-	100,579
Renal	41,962	1,388	-	-	-	43,350
Smith Estate	99,458	3,321	-	-	-	102,779
Watsang Estate	10,200	338	-	-	-	10,538
Total Other	370,594	12,930	-	-	5,354	378,170
Total Internally Restricted Fund	**$ 1,257,688**	**$ 51,026**	**$ 120,764**	**$ 139,175**	**$ 110,828**	**$1,285,244**

The Regional Health Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in these reserves balances during the year.

Schedule 5: Consolidated Schedule of Board Member Remuneration, for the year ended March 31, 2008

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2008 Total	2007 Total
Chairperson								
Ewanchuk, R.	$ 9,960	$ 7,725	$ 5,888	$ 5,913	$ 912	$ 530	$ 30,928	$ 40,653
Board Member								
Attrux, I.	-	3,638	1,725	2,229	-	-	7,592	11,169
Bighead, S	-	1,263	75	188	-	52	1,578	-
Boechler, J.	-	3,375	2,188	3,159	-	-	8,722	6,853
Code, D.	-	3,863	325	523	-	96	4,807	4,595
Ferguson, L.	-	4,063	363	492	-	-	4,918	5,587
Gange, H.	-	3,925	1,410	2,344	157	-	7,836	11,390
Green, B	-	-	-	-	-	-	-	4,667
Haysom, A	-	-	-	-	-	-	-	2,643
Koester, D	-	1,125	100	-	-	-	1,225	-
Leson, P.	-	4,225	300	416	-	41	4,982	4,777
Morin, P.	-	3,200	375	458	-	-	4,033	5,644
O'Neil, C.	-	3,180	1,185	1,965	-	-	6,330	6,346
Saam, L.	-	3,613	1,100	1,675	-	102	6,490	9,963
Totall	$ 9,960	$ 43,195	$ 15,034	$ 19,362	$ 1,069	$ 821	$ 89,441	$114,288

Schedule 5: Consolidated Schedule of Senior Management Salaries, Benefits, Allowances and Severances, for the year ended March 31, 2008

	2008					2007		
Senior Employees	Salaries[1]	Benefits and Allow-ances[2]	Sub-total	Sever-ance Amount	Total	Salaries, Benefits and Allowances	Sever-ance	Total
Cecile Hunt, CEO	$ 141,860	$ 14,965	$ 156,825	$ -	$ 156,825	$ 136,811	$ -	$ 136,811
Lynnda Berg, VP	124,381	14,305	138,686	-	138,686	133,164	-	133,164
Joan Gasior, VP	119,598	13,857	133,455	-	133,455	133,164	-	133,164
John Piggott, VP	119,598	13,857	133,455	-	133,455	136,437	-	136,437
Morgan Kennedy, VP	119,598	13,971	133,569	-	133,569	125,763	-	125,763
Donna Longpre, VP	29,226	3,008	32,234	-	32,234	126,768	-	126,768
Gene Hartman, VP	71,151	7,543	78,694	-	78,694	-		-
Robin Knutson, aVP	29,044	4,093	33,137	-	33,137	-		-
Doug Dahl, Communications Officer	53,802	7,269	61,071	-	61,071	61,609	-	61,609
Kathy Homgren, Executive Assistant	53,740	6,826	60,566	-	60,566	68,172	-	68,172
Louis Poulin, Senior Physician Executive	120,351	4,130	124,481	-	124,481	129,514	-	129,514
M. Rooney & J. Cross, Senior Physician Executive	44,748	-	44,748	-	44,748	-		-
Dr Lanoie, Medical Health Officer	162,544	-	162,544	-	162,544	192,083	-	192,083
Total	$1,189,641	$ 103,824	$1,293,465	$ -	$1,293,465	$1,243,485	$ -	$1,243,485

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of : an automobile; cell-phone; computer; etc. (As well as any other taxable benefits.)

Appendix A

Performance Management Accountability Indicators

In support of The Action Plan for Saskatchewan Health Care, Saskatchewan Health developed an accountability framework that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the Ministry's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the Performance Management Accountability Indicators document on the Saskatchewan Health website at http://www.health.gov.sk.ca/accountability.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		June 2007 *(next scheduled date June 2010)*	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*		October 2007 *(next planned participation date September 2010)*	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		118	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		73%	86%	52% – 99%	*to be determined*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	1,164.25	*not applicable*	*not applicable*	*not applicable*
	HSAS	119.76			
	OOS/OTHER[1]	131.10			
	SUN	315.27			
	Organization as a whole	1,730.39			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	73.29	45.68	18.53 – 91.96	*to be determined*[2]
	HSAS	8.28	23.72	0.10 – 131.05	*to be determined*[2]
	OOS/OTHER[1]	13.02	3.41	0.21 – 13.02	*to be determined*[2]
	SUN	88.61	84.78	32.83 – 351.02	*to be determined*[2]
	Organization as a whole	67.01	48.46	18.95 – 131.14	*to be determined*[2]

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Workforce Planning					
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	76.3%	77.3%	73.3% – 80.2%	*to be determined*[2]
	HSAS	81.5%	79.9%	73.0% – 81.6%	*to be determined*[2]
	OOS/OTHER[1]	80.9%	81.8%	75.0% – 84.2%	*to be determined*[2]
	SUN	73.8%	74.0%	65.8% – 76.8%	*to be determined*[2]
	Organization as a whole	76.6%	77.2%	72.5% – 79.9%	*to be determined*[2]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	85.32	89.48	70.26 – 108.76	*to be determined*[2]
	HSAS	61.73	68.08	50.61 – 108.78	*to be determined*[2]
	OOS/OTHER[1]	53.30	50.23	41.95 – 70.10	*to be determined*[2]
	SUN	94.51	89.48	52.15 – 94.79	*to be determined*[2]
	Organization as a whole	82.94	84.35	65.01 – 100.96	*to be determined*[2]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		9.02	7.12	0.00 – 9.02	*to be determined*[2]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		411.24	451.26	0.00 – 677.35	*to be determined*[2]
Percentage of employees self-identifying as Aboriginal *2005/2006*[3]		19.1%	*not available*	*not applicable*	*to be determined*
Financial					
Surplus (deficit)[4] *2007/2008*		($3,782,174)	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[4] *2007/2008*		(2.6%)	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio)[4] *2007/2008*		0.73	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[4] *2007/2008*		(27.69)	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		155.6%	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[5] *2007/2008*		139.2%	106.6%	75.8% – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[5] *2007/2008*		1,995	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[6] *2007/2008*	Peritoneal	–	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis	35.51			*to be determined*
	Total	35.51			*to be determined*
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		91	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education via Telehealth *2007/2008*		299	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth *2007/2008*		39	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[7] *2007/2008*	Number	166	*not applicable*	*not applicable*	*not applicable*
	Percentage	18.0%	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[7] *2007/2008*	Number	27	*not applicable*	*not applicable*	*not applicable*
	Percentage	2.9%	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[7] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[7] *2007/2008*	Priority Level I within 3 weeks	77.5%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	72.4%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	93.1%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	98.8%	89.2%	83.4% – 100.0%	90%

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Cumulative number of surgical cases performed as a percentage of target and variance from target[7] *2007/2008*	Percentage of target	92.2%	99.4%	92.2% – 114.6%	100%
	Variance from target	-374	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[8] *as at the end of Q2 2007/2008*		–	–	–	*to be determined*
Case mix index for institutional supportive care facilities[8] *as at the end of Q2 2007/2008*		0.784	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2007*		27.3	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[9] *July 1, 2006 to June 30, 2007*	Diphtheria	69.8	69.8	53.3 – 85.7	*to be determined*
	Measles	70.0	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		57%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2007/2008*	FEE – Food Eating Establishment	93	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	79	*not applicable*	50 – 100	
	LA – Licensed Accommodations	93	*not applicable*	46 – 100	
	SP – Swimming Pools	100	*not applicable*	55 – 100	
	Public Water Supplies	82	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[10] *2007/2008*		94.0%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[10] *2005*[11]	Males	37.37	25.13	19.95 – 41.75	*to be determined*
	Females	28.85	23.30	16.36 – 32.31	

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	5.3	5.4	1.3 – 7.3	*to be determined*
	Prevalence	65.0	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[12] *2006/2007*		31.7%	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		46.5%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[13] (in days) *2007/2008*		9.4	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		33.39%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	4,610	*not applicable*	*not applicable*	*not applicable*
	Q2	4,362			
	Q3	4,765			
	Q4	4,936			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,959	*not applicable*	*not applicable*	*not applicable*
	Q2	2,208			
	Q3	2,050			
	Q4	2,055			
	Year as a whole	8,272			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	1	*not applicable*	*not applicable*	*not applicable*
	New teams established	2			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		0.00%	0.76%	0.00% – 10.10%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[14] *2006/2007*	ADC	28	173	5 – 51	*to be determined*
	Occupancy rate	62.8%	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	12.4	15.1	10.2 – 19.1	*to be determined*
Percentage of mental health inpatient separations where readmission occurred within 7 days[14] *2006/2007*		2.9%	4.9%	1.2% – 9.2%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[15] *2006/2007*		55.1%	73.2%	55.1% – 77.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[13, 16] (in days) *2007/2008*		*Youth* 17.1	*not applicable*	*not applicable*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[4] *2007/2008*		4.8%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[17] *2002-2004*		5.8	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[17] *2002-2004*		4.7	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[17] *2002-2004*		18.9	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[10] *2001[18]*	Circulatory Diseases	963.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,558.0	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	291.7	222.9	63.5 – 376.5	
	Unintentional Injuries	1,625.3	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	561.2	412.1	315.1 – 628.5	

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Disability-free life expectancy (at birth)[10] *1996[19]*	Males	65.8	66.6	61.8 – 69.2	*to be determined*
	Females	68.7	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[10] *1996[19]*	Males	11.0	11.2	8.7 – 12.1	*to be determined*
	Females	12.7	12.7	8.4 – 13.2	
Life expectancy (at birth)[10] *2001[20]*	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	81.4	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[10] *2001[20]*	Males	17.7	16.9	15.6 – 18.0	*to be determined*
	Females	21.8	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[10] *2005[11]*		47.33	52.35	39.86 – 57.96	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[10] *2005[11]*	Overweight (BMI 25.0-29.9)	32.42	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	23.14	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[10] *2005[11]*	Active / moderately active	51.14	48.62	38.60 – 53.35	*to be determined*
	Inactive	46.73	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	26,090	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	14,610			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[21] *2005/2006*		62.2	*not applicable*	44.3 – 101.7	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	14.0	10.6	7.2 – 17.7	*to be determined*
	Females	7.4	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	11.9	14.3	8.6 – 35.3	*to be determined*
	Females	21.7	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1. The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
2. Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
3. The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
4. Values are based on data from final, unaudited financial statements.
5. CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
6. Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.
7. The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
8. Methodology for the measurement of pressure sores indicators is currently being revised. Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index is not applicable to these regions.
9. The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
10. Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
11. The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.
12. Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.
13. Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.
14. Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.
15. "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
16. "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.
17. Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.
18. Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.
19. Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
20. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
21. Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

Appendix B

Prince Albert Parkland Regional Health Authority
Payee Disclosure List
For the Year Ended March 31, 2008

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Adrian, Cynthia	$	55,682
Ahenakew, Sheila		59,073
Allen, Aleta		98,425
Allen, Marlene		79,560
Allen, Olga		69,300
Amundson, Lucille		66,192
Amyotte, Janelle		59,871
Anake, Kim		75,985
Anderson, Shelly		56,407
Andre, Brenda		58,469
Antoine, Jane		66,892
Antonson, Jennifer		50,215
Appleyard, April		66,618
April, Susan		56,444
Archer, Margaret		68,986
Arnason, Tanya		69,399
Aschenbrenner, Joanne		55,306
Asmussen, Crystal		53,379
Atcheson, Wanda		87,978
Aug, Angela		58,875
Badgley, Stephanie		60,445
Badiuk, Jane		73,504
Balicki, Lennie		86,186
Balicki, Lesia		90,300
Balicki, Sherry		63,772
Balicki, Valerie		74,044
Balon, Dorothy		58,540
Balone, Claire		92,998
Balone, Yvonne		80,480
Barbour, Carlena		67,964
Batisarisari, Judy		75,634
Batty, Allison		54,621
Batty, Darlene		87,243
Bear, Lesley		57,922
Beauchesne, Laura		62,845
Beaulac, Alice		59,733
Beaulieu, Dolores		72,012
Beaurivage, Bruce		107,055
Beddome, Judy		58,205
Bedi, Dona		57,506
Benard, Anita		59,313
Bennett, Lorna		53,146
Benoit, Denise		80,489
Benson, Barbara		63,109
Benson, Lance		65,107
Berg, Lynnda		127,215
Berg-Kolody, Lisa		98,924
Berlin, Shirley		65,583
Best, Margot		88,526
Bibby, Brad		62,877
Billay, M. Elaine		69,637
Billay, Robert		61,207
Bingham, Britt		62,375
Birdsall, Judy		80,027
Birkland, Carroll		75,678
Bissky, Boris	$	51,665
Blain, Bernadette		60,876
Blair, Michelle		65,651
Bloor, Lavern		50,070
Bodnarchuk, Marjorie		86,815
Bolotniuk, Lori Lee		53,108
Bonar, Connie		60,138
Bonilla, Melanie		81,262
Bonne-Annee, Brunette		53,203
Bouvier, Aimee		52,410
Boychuk, Lois		111,590
Boyer, Debby Jo		52,467
Boyko, James		54,834
Braaten, Candy		66,235
Brad, Donna		112,131
Bradfield, Valerie		53,327
Brahniuk, Corina		58,776
Brandolino, Brandy		56,524
Bravo, Marta		76,540
Bray, William		67,560
Breker, Brenda		50,102
Bridge, Gary		89,483
Briere, Dianne		75,403
Briggs, Lori		72,551
Brits, Nico		289,437
Brockman, Antoinette		62,194
Brooks, Coleen		59,193
Brooks, Joanne		70,121
Brossart, Antonia		97,664
Brown, April		54,871
Brown, Lisa		56,194
Brydges, Joanne		52,595
Buckingham, Katheryn		56,880
Burnie-Allen, P. Jill		55,403
Busch, Lynne		62,717
Cadieu, Bonnie		68,305
Camche, Allisyn		53,805
Cameron, Dwayne		61,968
Campbell, Carol		71,239
Campbell, Lorraine		70,224
Camponi, Rosa		70,699
Canning, Randy		89,320
Carrier, Janet		56,671
Carriere, Clara		50,470
Carruthers, Glen		95,926
Chambers, Lisa		65,727
Chaudhry, Zubaida A		217,200
Chaudhry, Zubaida C		79,835
Chedogi, Mariusz		56,655
Chesley, Sharonlee		108,342
Christiansen, Lori		56,967
Clark, Janet		65,166
Clarke, Glenis		68,746
Clarke-Goertz, Kimberley		66,814
Cochrane, Michelle		67,627

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Conacher, Christa	$	60,594
Cook, Delphine		75,252
Cook, Donna		60,013
Cook, Wanda		68,632
Cooke, Gaylene		75,888
Cooling, Jerrilyn		73,090
Cooper, Darla		52,936
Cooper, Sheila		95,282
Cottrell, Karen		75,218
Couture, Patricia		72,739
Crawford, Eleanor		59,083
Crellin, Margaret		82,016
Cutting, Eunice		65,055
Cyr, Linda		52,646
Dagenais, Karen		88,202
Dagenais, Shawn		62,210
Dahl, Doug		56,294
Dahl, Janet		83,909
Danger, Betty		63,016
Daniels, Doris		62,442
Danielson, Debra		68,351
Dansereau, Marcia		55,922
Darbyshire, Diana		70,224
Daughton, Shari		50,996
Davidson, Elbert		58,604
Deforest, Jacqueline		59,041
Delparte, Corinne		73,398
Denis, Alison		59,064
Denis-Blais, Dianne		74,405
Dickson, Cathy		70,569
Diehl, Kerri		59,511
Diemert, Jackaleen		59,962
Disiewich, Karen		62,544
Dogniez, Hal		70,507
Dooley, Nikki		64,952
Dorosh, Perpetua		87,373
Doucette, Dana		65,677
Doucette, Florette		53,313
Dougan, Beverley		86,331
Dowling, Deanne		99,610
Downey, Sherryl		50,544
Drieschner, Arlene		73,590
Dryka, Ruth		52,220
Dubyk, Deborah		62,867
Dumais, Arlene		70,934
Dupuis, Jocelyne		68,986
Dupuis, Sheila		67,384
Dupuis, Tracy		67,672
Duret, Aline		58,024
Eberts, Tamara		65,023
Elliott, Cheryl		87,531
Emmerson, Angela		77,519
Enns, Brett		98,180
Epp, Dorothy		58,546
Epp, Michelle		54,371
Ernst, Tanya	$	80,050
Escueta, Jan Keith		106,145
Fahlman, Theresa		60,758
Falloon, Nadine		72,706
Famulak, Kevin		75,530
Farthing, Krista		85,417
Fauchoux, Elaine		64,359
Favel, Linda		59,120
Favreau, Sherry		56,316
Fecyk, Diana		52,815
Fee, Christal		55,299
Fehr, Darlene		74,187
Feland, Leslie-Ann		68,560
Ferguson, Tom		71,767
Ferland, Beverly		59,798
Fiddler, Charity		70,046
Fiddler, Danielle		70,357
Fisher, Barbara		82,396
Fisher Dortman, Stephanie		70,750
Fitzpatrick, Robert		58,109
Fjeld, Terry		56,105
Ford, Audrey		51,015
Forrest, Jennifer		59,947
Foy, Nicole		66,467
Franc, Joanne		94,946
Franc Beaurivage, Lydia		90,079
Franklin, Kelly		69,282
Fremont, Barbara		60,969
French, Brenda		57,996
Friesen, Crystal		54,890
Friesen, Terry		65,602
Frohaug, Lori		103,293
Fuller, Sharon		71,748
Funk, Melanie		54,387
Fyrk, Lynda		71,148
Gale, Crystal		57,684
Garraway, Kristine		61,553
Gasior, Joan		125,223
Gatin, Peggi-Lynne		67,542
Gaudet, Dean		63,323
Gaudet, Dori		68,056
Gaudette, Mary		54,759
Gaveronski, Nancy		71,116
Genest, Doreen		57,433
Georget, Alden		63,027
Gerein, Courtney		56,039
Getz, Brenda		50,546
Gignac, Laura		86,239
Gillis, Tammy		75,563
Glass, Sandra		71,039
Goller, Shelley		70,743
Gordon, Cathy		56,798
Gordon, Shannon		60,106
Gould, Catherine		59,007
Gray, Vivian		98,281

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Gregoryk, Carol	$	92,171
Grenier, Karen		52,700
Grolla, Ramona		70,864
Guitard, Michelle		51,259
Gunn, Karen		134,767
Halcro, Quentin		90,579
Halsall, Dawn		50,507
Hamborg, Eileen		55,937
Hamilton, Neil		58,456
Hamilton, Trudy		67,409
Hamlyn, Muriel		70,303
Hannotte, Terri		58,892
Harach, Mary		57,007
Hareuther, Jennifer		80,922
Hargrave, Harold		68,107
Harley, Wendy		66,993
Harradence, Lisa		75,902
Harrison, Loraine		71,342
Hart, Lyla		83,408
Hartman, Gene		71,584
Harvey, Audrey		57,232
Hayes, Linda		76,417
Hayward, Sharon		52,879
Head, Jackie		64,740
Hebblethwaite, Joanne		60,267
Heebner, Sonia		68,173
Heidel, Sandy		53,278
Hein, Edith		65,007
Henry, Tammy		56,772
Hercina, Karen		57,316
Heroux, Wendy		61,974
Hewitt, Barbara		60,061
Hicks, Carrie		99,601
Hnidek, Frances		51,279
Hobson, Traci		71,508
Hofland, Tammy		60,501
Holmgren, Kathy		56,605
Honig, Colleen		63,126
Homung, Joan		63,882
Hradecki, Kimberley		60,993
Hrenyk, Loretta		52,169
Hrynuik, Karen		66,627
Hull, Jamie		70,099
Hundeby, Lisa		60,798
Hunt, Cecile		149,423
Hupaelo, Caroline		59,633
Huska, Lorraine		66,872
Ilnisky, Janet		79,061
Isbister, Sherry		65,104
Isbister, Valerie		52,946
Iverson, Cathy		70,793
Jackow, Deborah		73,357
Jacobs, Katharine		64,864
Janh, Sonya		65,213
James, Suma		69,470
Janz, Trenton	$	64,305
Janzen, Laurie		71,040
Jeffrey, Miles		55,878
Jenkins, Patriciaq		61,860
Johnson, Darlene		59,262
Johnson, Donna		83,741
Johnson, Geneva		58,250
Johnson, Lorraine		77,725
Johnson, Raina		57,327
Johnson, Tracey		53,913
Johnston, Merle		53,569
Jonasson, Ashley		57,648
Jonasson, Joanne		63,279
Jones, Moniqua		61,478
Joo, Cheryl		67,792
Jurgens, Douglas		110,198
Jurgens, Victoria		63,210
Kalyniuk, Deanna		73,783
Kaminesky, Gail		61,039
Kaminsky, Donna		74,585
Kapacila, Jan		59,818
Kaptein, Karen		97,012
Kardash, Johanne		65,882
Kazmiruk, Eloise		83,180
Keating, Sandra		71,358
Kendel, Pamela		64,107
Kennedy, Morgan		125,341
Kenny, Samantha		74,086
Kent, Debbie		59,220
Kitching, Karen		53,860
Knouse, Jennifer		52,637
Knudsen, Robin		84,865
Knutson, Janelle		73,073
Koeberlin, Lucille		76,877
Koetse, Edna		74,941
Kohut, Erin		71,662
Kolendreski, Dwayne		71,425
Kopperud, Debra		62,132
Korody, Sharon		69,028
Kotyk, Jaelynn		55,763
Krawec, Carmen		70,765
Krider, Roberta		64,577
Krsacok, Marilyn		65,879
Ksyniuk, Denise		62,043
Kukac, Charline		55,299
Kwiatkowski, Brenda		61,930
Kwok, Joanne		108,605
Labiuk, Pearl		53,109
Lachance, Delores		50,479
Lai, Yun		79,315
Laidlaw, Sally		72,573
Lajeunesse, Joanne		84,642
Lalonde, Marie Ann		76,001
Lamothe, Marilyn		71,211
Lang, Bridgette		59,979

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Larocque, Susan	$	56,640
Larrea, Lesley		74,845
Laturnas, Laurie		73,092
Lauterbach, Barbara		94,053
Lawson, Tammy		64,644
Lawson, Terry		52,588
Leaderhouse, Richard		85,225
Lee, Connie		87,953
Leeb, Sonya		94,071
Lehmann, Diane		59,526
Lehner, Nola Rae		62,401
Lepage, Adrien		67,788
Lepage, Christina		70,557
Leschyshyn, Cynthia		63,905
Lesko, Carlie		67,637
Letkeman, Jennifer		55,522
Levesque, Barbara		79,619
Lloyd, Maria		55,897
Loewen, Norma		69,121
Lofstrom, Laurel		63,411
Long, Sheila		51,375
Love, Crystal		73,000
Lukowich, Arlene		61,652
Lupichuk, Connie		68,406
Lysitza, Corrinna		72,484
Lysitza, Susan		62,395
Lysk, Irene		68,959
MacFie, Vikki		62,662
MacLean, Murdeen		55,661
MacNeil, Bev		62,200
Madwid, Doreen		58,693
Magnusson, Eva		72,480
Manseau, Jeanne		57,012
Manship, Eileen		54,006
Marcia, Laura		68,642
Marion, Irene		73,955
Marshall, Patricia		76,759
Martens, Sonya		55,751
Martodam, Roseline		70,335
Martsinkiw, Mary-Lou		67,875
Mason, Karen		62,814
Mason, Pauline		62,442
Massey, Geraldine		61,945
Matheis, Elona		64,223
Matice, Madeleine		50,253
Matwishyn, Debbie		57,128
Matzner, Juliette		74,182
McAuley, Debbie		50,314
McAvoy, Heather		81,286
McCann, John		82,008
McCready, Deborah		68,477
McDermid, Garry		84,836
McDonald, Barbara		97,179
McDougall, Brenda		57,418
McGregor, Kristy		53,124
McKay, Linda	$	73,012
McKinnon, Linda		64,347
McKnight, Robert		60,526
McLaughlan, Sylvia		56,651
McLean, Catherine		67,598
McLeod, Danielle		56,941
McLeod, Donna		65,260
McLeod, Gloria		58,460
McLeod, Jolene		53,596
McMunn, Brenda		64,402
McNamee, Judith		94,476
McNeice, Bonnie		58,637
Merasty, Arthur		63,199
Meyer, Rosalie		68,590
Meyers, Pam		63,074
Michalski, Roman		303,394
Mierke, Flo		57,461
Miller, David		58,604
Miller, Rebecca		56,203
Miller, Rhonda		70,163
Miller, Rose		58,828
Mills, Brenda		56,255
Mills, Rae		65,066
Mischuk, Connie		72,191
Mitchell, James		53,813
Moar, Elizabeth		68,401
Monus, Tisa		56,010
Moore, Karin		55,491
Moore, Margaret		61,226
Morash, Sharla		53,509
Moriarty, Linda		53,503
Morley, Michelle		70,035
Morrow, Eva Marie		73,563
Mourot, Robin		59,071
Moyer, Patsy		54,745
Muir, Catherine		79,021
Muller, Sharon		57,295
Mumm, Lorna		51,631
Nagy, Allison		59,513
Nagy, Shirley		65,587
Nahachewsky, Donna		86,406
Natomagan, Tara		51,379
Neilson, Joyce		56,070
Nelson, Darcie		77,020
Neufeld, Agatha		58,094
Newhouse, Sandra		87,273
Nicholson, Elaine		64,840
Nicholson, Laura		78,461
Nutter, Donna		56,867
Nykiforuk, Patricia		62,916
O'Connor, Melissa		50,743
Olde, Stephen		68,325
Olson, Linnea		64,840
Olson, Sharon		53,173
Olson, Sherry		57,716

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Olthuis, Kathryn	$	63,012
Otte, Sharon		64,256
Palmer, James		59,148
Pannell, Maureen		54,664
Parchomchuk, Lynn		66,268
Parent, Eyvette		70,096
Parent, Kim		53,800
Paul, Lendra		74,931
Paul, Leslie		52,510
Payne, Trina		63,122
Peake, Mary		67,139
Pearson, Claudia		66,571
Pelletier, Elaine		62,254
Pelletier, Jean		70,252
Penner, Grace		53,459
Person, Brenda		87,647
Peter, Gale		68,407
Phaneuf, Shawn		90,883
Pidborochynski, Leona		54,388
Piggott, John		126,203
Pilon, Gail		70,089
Poetker, Pat		65,884
Pogorzelec, Ellen		53,632
Porter, Barbara		87,700
Porter, Pamela		87,109
Poulin, Louis		137,241
Powers, Carley		56,212
Pratchler, Sean		56,783
Pratt, Barbara		56,484
Prediger, Cheryl		108,456
Prete, Carol		62,847
Priestley-Blazic, Sandra		71,063
Priestley-McAlpine, Deborah		55,067
Proulx, Jennifer		54,731
Puetz, Leah		104,540
Quinn, Barbara		62,992
Ralston, Margaret		77,253
Rancourt, Nicole		53,763
Randall, Brenda		54,835
Rask, Lynn		116,874
Reed, June		77,197
Reid, Maureen		59,030
Reiner, Heather		67,355
Rennie, Cory		54,639
Rierner, Rochelle		54,979
Rishchynski, Kathy		66,851
Ritchie, Hugh		98,835
Roberts, Rhoda		57,363
Robins, Barbara		70,049
Robinson, Sherry		71,266
Rodier, Carole		61,715
Rohovich, Linda		69,617
Rolles, Cory		65,788
Romanchuk, Monica		68,074
Rosales, Nonita		56,062
Ross, Paul	$	94,396
Ross, Penny		85,148
Ross, Peter		76,023
Roth, Alice		83,225
Rothenburger, Susan		58,118
Rousson, Audrey		78,488
Rung, Marjory		57,016
Russell, David		54,278
Ruszkowski, Annette		60,972
Rye, Christine		78,736
Sabo, Faye		55,513
San Jaun, Maricel		67,871
Sand, Jolean		70,152
Sander, Beverly		88,665
Sarchuk, Brenda		65,989
Sauve, Barb		67,126
Sauve, Jocelyn		76,635
Sawchuk, Kelly		55,349
Schenn, Joanne		69,061
Schopp, Ashley		53,802
Schopp, Tara		86,253
Scrivener, Diane		61,585
Seesequasis, Arlene		55,936
Seidle, Laura		61,590
Serfas, Dennis		62,148
Settee, Tina		55,373
Shuluk, Linda		69,830
Simonson, Geraldine		50,404
Simpson, Frances		70,044
Sims, Linda		71,052
Sinclair, Pamela		64,352
Skarpinsky, Betty		90,742
Skibinsky, Debbie		68,107
Skiffington, Rikki		77,473
Skinner, Sharon		63,695
Smandych, Donna		80,398
Smith, Jennifer		73,127
Smith, Susan		59,059
Smith, Yvonne		61,339
Smith-Opseth, Valerie		59,706
Sommerfeld, Brenda		95,128
Sopal, Christopher		63,545
Spademan, Gaye		62,487
Spence, Carolyn		70,957
Spence, Gary		62,526
Spicer, John		52,759
Sproat, Charlene		53,261
Stadnyk, Lori		57,842
Stefanyshyn, Cari-Ann		80,031
Stenz, Edeltrud		56,876
Stevenson, Cheryl		61,290
Sthamann, Michele		83,732
Stiglitz, Margaret		58,718
Stocki, Julie		67,062
Stratychuk, Michelle		57,372

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Straughan, Tracey	$	82,783
Street, Michelle		65,449
Strom, Carolyn		62,306
Stuart, Patricia		95,179
Suchorab, Frank		110,600
Suchorab, Linda		69,429
Surprenant, Lorrie		73,956
Sutton, Wendy		69,960
Swanson, Marlene		66,853
Swystun, Rhea		54,008
Szeszorak, Sylvia		52,495
Tait, Darren		64,917
Taylor, Jean		53,771
Taylor, Jeremy		72,619
Taylor, Tara		58,951
Taylor, Victoria		51,611
Teichreb, Trish		75,704
Tetarenko, Wallace		62,440
Tether, Carmen		67,737
Thesen, Barbara		82,040
Tholl, Betty		78,982
Thomas, Yvette		85,000
Thompson, Donna		62,470
Thompson, Elizabeth		70,682
Thompson, Jamie		52,383
Thompson, Kimberly		67,134
Thompson, Tannice		78,004
Tilford, Tom		67,825
Tilsley, Shawn		57,404
Tolofson, Alanna		54,340
Tondevold, Brett		63,116
Toner, Kimberley		89,440
Torborg, Alice		75,799
Toullelan, Colleen		69,446
Tourond, Lori		70,638
Trueman, Carol		88,429
Tucker, Nola		78,324
Udey, Carolyn		63,157
Ulch, Gwen		71,755
Underhill, Carla		86,880
Urbaniak, Claire		58,272
Valois, Jacquelin		58,833
Van Dyck, Caroline		53,423
Van Walsem, Catharine		77,276
Vankoughnett, Margaret		52,883
Vilund, Dianne		62,418
Villaruz, Hazel		107,355
Walker, Victoria		51,406
Wall, Cynthia		60,680
Walter, Barbara		71,863
Walters, Jackie		67,501
Warkentin, Barbara		77,200
Warner, Sabrina		55,717
Waslak, Mary		59,216
Wason, Richelle		65,226
Wasylyshyn, Shelley	$	50,821
Watts, Muriel		68,417
Weber, Pat		74,354
Weinrich, Bette Ann		57,368
Weir, Amanda		56,985
West, Pamela		72,625
White, Millicent		59,858
Wieder, Paula		68,292
Wiederspick, Mildred		72,281
Wiegers, Mary		62,745
Wiens, Arnold		52,928
Wiese, Melissa		78,663
Willoughby, Dinah		78,277
Wilson, Shelley		83,665
Winge, Deborah		63,292
Wiser, Valerie		64,211
Wishnowski, Arnelle		68,465
Witcombe, Wanda		59,657
Worth, Crystal		54,262
Wyand, Ron		66,085
Zagiel, Lynda		65,168
Zaleschuk, Richard		74,278
Zanidean, Lorne		63,333
Zawislak, Kim		72,210
Zelowsky, Susanne		83,381
Zentner, Neil		132,179
Zummack, Glendene		59,773
Zwack, Monique		100,539

Supplier Payments Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

627577 Saskatchewan Ltd	$	89,019
3130827 Canada Inc (CPDN)		878,674
Abbott Laboratories Inc		130,419
ACMI Corporation		85,996
Alcon Canada Inc		581,676
AODBT Architecture Interior Design		168,664
Assil Enterprises		233,158
Associated Radiologists		1,431,753
Baxter Corporation		76,164
Beckman Coulter		88,392
Biomed Recovery & Disposal		144,684
Bowditch, Barb		58,067
Bunzly Distribution Inc.		189,394
Canadian Corps of Commisionaires		352,080
Can-Med Health Care		118,114
Canadian Salt Company		54,276
Carpet World		83,800
CEG Energy Options		700,104
Cherry Insurance		99,024
City of Prince Albert		335,292
Coherent - AMT Inc		117,150
Dade Behring		361,724
Datex-Ohmeda Canada		51,418
Delisle Computer Consulting		87,679
Dept of Property Management		206,013
Dr. Alshangiti, Fatma		146,765
Dr. Baqir-Hussain		352,319
Dr. Basson, Nico		309,077
Dr. Brijall, Shashi		195,678
Dr. Bulat, D -- Professional Corp		332,370
Dr. Clarke, Eric		289,825
Dr. Coertze, Louis		245,356
Dr. Cooper, Lilanie		353,860
Dr. Cross, James		68,064
Dr. Cruickshank, L.		158,594
Dr. Emmink, B		227,930
Dr. Hameed, Asiya		254,852
Dr. Harris, Steven		98,880
Dr. Hussain, M.Z.		71,510
Dr. Ilie-Haynes, Radu		80,817
Dr. Lambos, Peggy		330,227
Dr. Lanoie, L.		176,515
Dr. Leizel, Nel.		59,719
Dr. Malhotra, T.		319,022
Dr. Marten, D.		244,838
Dr. Moodliar, S.		302,290
Dr. Moodley, Santheran		357,355
Dr. Mulaisho, Beyani		312,229
Dr. Patel, D.		270,114
Dr. Pillay, Y.		120,120
Dr. Rahmani, Mohammad		286,338
Dr. Raja, Faisal		67,586
Dr. Ramji, A.		330,037
Dr. Ribeiro, Ricardo.		127,731
Dr. Rooney, M -- Med Prof Corp		61,466
Dr. Rossouw, Francois	$	257,789
Dr. Royeppen, E.		358,188
Dr. Shukla, K.		78,791
Dr. Steyn, Jacob		72,980
Dr. Steyn, K.		53,164
Dr. Tennent, Alison		116,440
Dr. Van der Merwe, Sybil		233,332
Dr. Van Rensburg, A. Janse		82,537
Dr. Veith, Martin.		72,784
Dr. Wessels, Johan		307,452
Dr. Yachad, Ravine		365,777
EECOL Electric Ltd		76,091
ESBE Scientific		53,715
Family Service Regina		60,125
GAMBRO Inc.		305,192
GE Healthcare		86,557
Granite Construction		69,529
Grand & Toy		211,237
Greenland Waste Disposal		51,002
Great West Life		530,762
Hill-Rom Canada		172,184
Horizon Computer Solutions		181,468
Hospira Healthcare Corporation		721,587
IBM Canada		1,507,632
Janssen Ortho Inc.		309,119
Johnson & Johnson Medical Prod.		243,007
KCI Medical		126,834
Kildaw, Karen		123,070
KIN Enterprises		93,124
Linvatec Canada		142,739
Lundell, Dan		60,000
Marsh Canada		230,635
Mastercard		111,695
Mckesson Canada Corporation		359,214
Nicole Enterprises		79,149
North Sask Laundry & Support		2,394,935
Northern Grocers Inc.		161,402
P.A. Alarm Systems		75,428
P.A. Photocopier		85,874
P.A. Rental & Leasing Services		148,531
Parkland Ambulance		344,420
Phillips Medical Inc.		781,995
Pinnacle Distribution Inc.		53,327
Prairie Meats		126,494
Roche Diagnostics		205,463
Saputo Milk Division		159,129
Sask Energy		695,844
Sask Power		1,208,404
Sask Worker's Compensation Board		2,026,886
Sask Property Management		536,274
Sask-Tel		391,079
Sask-Tel Mobility		144,276
Schaan Healthcare Products		1,922,126
Smiths Medical Canada Ltd		78,671
Smith & Nephew Inc.		190,376

SUPPLIER PAYMENTS

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Source Medical Corporation	$	292,725	Toshiba of Canada Ltd	$	98,403
SRNA		184,202	TYCO Healthcare Group Canada		128,768
Steris Canada Limited		193,514	Unisource Canada Supply Systems		60,769
Stevens Company		150,323	VFA Canada		142,953
Sunspun Food Services		134,168	Vitalaire Healthcare		165,958
Supreme Basics		86,681	Wyeth Canada		59,484
SYSCO Food Services		1,032,283	Xerox Canada Limited		79,655
TAB Canada		100,245	Zep Factory Outlet		131,455
Thorpe Brothers Ltd		162,265	Zimmer of Canada Limited		160,079

TRANSFERS

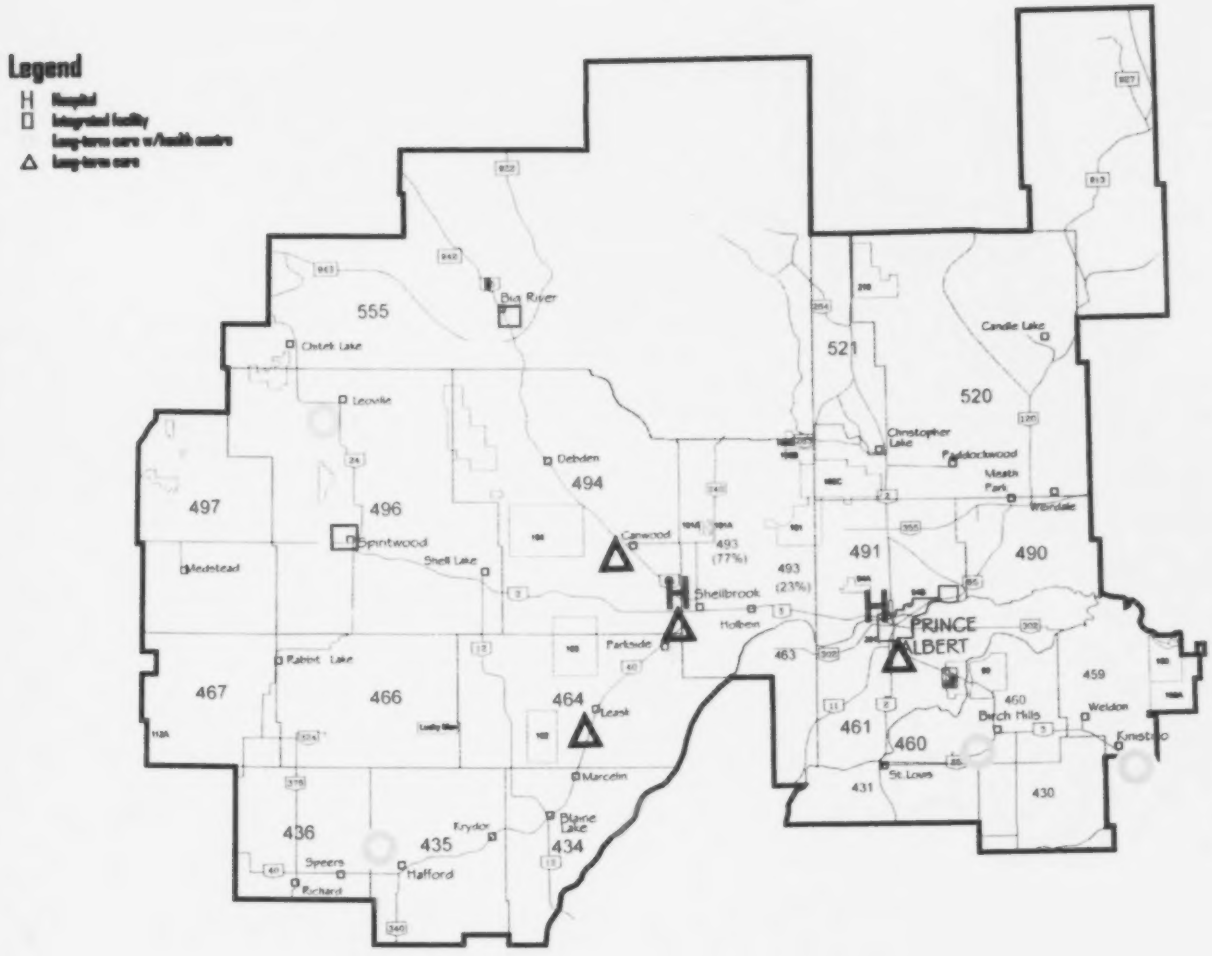
Listed, by program, are transfers to recipients who received $50,000 or more.

Blaine Lake Ambulance	$	273,197	Parkland Ambulance	$	1,869,725
Canadian Mental Health Assn		189,577	Prince Albert Mobile Crisis Unit		64,000
Cooperative Health		224,555	S.H.A.R.E.		452,853
Mont. St. Joseph Home Inc.		6,251,376	Spiritwood Ambulance		765,146

OTHER EXPENDITURES

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	$	224,997	S.A.H.O.	$	1,072,112
Public Employees Benefit Agency		180,043	SHEPP		4,480,699
Receiver General for Canada (CRA)		4,519,542			



Prince Albert Parkland Regional Health Authority
2007-08 Annual Report to the Minister of Health